## Patient Consent Form
Reviewed by CFE Examiner #: [ ]

## Medical History And Blood Pressure
Reviewed by CFE Examiner #: [ ]

## Radiographs
1st Radiographic Submission
Examiner #: [ ]

2nd Radiographic Submission (If Required)
Examiner #: [ ]

## Pretreatment Medication (if required)
Medication(s) (Brand/Generic Name):
Dosage/When Taken:

## Anesthetic Record
If a local anesthetic were to be used on this patient you would provide:

Type(s) of Injection (Infiltration/Block):

Anesthetic(s) (Brand/Generic Name):

Quantity of Anesthetic (cc) Expected to use:

Vasoconstrictor (Concentration):

Has the patient previously rec’d anesthetic the same day? [ ] Yes [ ] No

Anesthetic and Dose:

Approval for Initial Anesthetic
Examiner #: [ ]

Additional Anesthesia - Anesthetic and Dose:

Approval for Additional Anesthetic
Examiner #: [ ]

For this Procedure- Quantity of Anesthesia (cc) Actually Used:

## Finish Time:
[ ]

Candidate Notes/Comments to Examiners (This is not a Modification Request). Candidate-please number each comment. If back side is used so note. CFE: Place examiner #, initials and time after each comment. Examiners-please enter your examiner # after reading comments.

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CFE Process Notes
All patients returning from the Evaluation Station must be accompanied by a CFE who will provide approval for candidates to proceed.