

# PERIODONTAL Progress Form

Candidate Sequential: \_\_\_\_\_

~~Candidate ID:~~  
**PLACE ID LABEL HERE**

Test Site: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Assistant's Name: \_\_\_\_\_

If this patient is being "shared" please list other Candidate Sequential # here: \_\_\_\_\_

Candidate Sequential:

Cubicle #:

**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