# POSTERIOR RESTORATION Progress Form

## Patient's Name: ________________________________________________________

## Assistant's Name: ______________________________________________________

### Candidate: Check Type of Restoration and Circle Tooth Number

<table>
<thead>
<tr>
<th>32</th>
<th>31</th>
<th>30</th>
<th>29</th>
<th>28</th>
<th>21</th>
<th>20</th>
<th>19</th>
<th>18</th>
<th>17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posterior Amalgam</td>
<td>MO</td>
<td>DO</td>
<td>MOD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posterior Box Composite</td>
<td>MO</td>
<td>DO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posterior Conventional Composite</td>
<td>MO</td>
<td>DO</td>
<td>MOD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Added Surfaces</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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 Anesthetic (cc) Actually used:**

### PRETREATMENT MEDICATION (if required)

<table>
<thead>
<tr>
<th>Medication(s) (Brand/Generic Name)</th>
<th>Dosage/When Taken</th>
</tr>
</thead>
</table>

### CANDIDATE REQUEST FOR LINER

- By checking this box I am requesting approval for a liner
- Candidate initials understanding results of liner request

First examiner # requesting liner | [ ] |

Checked by CFE IF GRANTED | [ ] |

Reviewed by Express Chair if NOT ACCEPTABLE | [ ] |

### EXPOSURE

- **Blue Dot** Carious: [ ] Mechanical: [ ]
- **Pink Dot** Indirect Pulp Cap

Checked by CFE | [ ] |

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.

---

CFE Process Notes

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

Attach radiographs with transparent tape at the top.