

Red dot indicates "to be evaluated"

Green dot indicates evaluated; does not mean "go" or "approved".



POSTERIOR RESTORATION Progress Form

Candidate Sequential: _____

Candidate ID: _____

PLACE ID LABEL HERE

Test Site: _____

of Modification Request Forms: 1 2 3 4 5

Checked B/P taken and recorded: Examiner #

Candidate Sequential:

Cubicle #:

Lesion Approval

Patient's Name: _____

Assistant's Name: _____

If this patient is being "shared" please list other Candidate's Sequential # here: _____

Candidate: Check Type of Restoration and Circle Tooth Number

1 2 3 4 5 | 12 13 14 15 16
 32 31 30 29 28 | 21 20 19 18 17

Posterior Amalgam MO DO MOD

Posterior Box Composite MO DO

Posterior Conventional Composite MO DO MOD



Added Surfaces _____

Examiner #

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 <input type="checkbox"/> No <input type="checkbox"/>
Anesthetic and Dose:	
Approval for Initial Anesthetic Examiner #:	
Additional Anesthesia - Anesthetic and Dose:	
Approval for Additional Anesthetic Examiner #:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
For this Procedure Quantity of Anesthetic (cc) Actually used	

PRETREATMENT MEDICATION (if required)

Medication(s) (Brand/Generic Name)	
Dosage/When Taken	

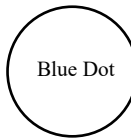
CANDIDATE REQUEST FOR LINER

By checking this box I am requesting approval for a liner

Candidate initials understanding results of liner request

First examiner # requesting liner

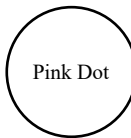
Checked by CFE IF GRANTED Reviewed by Express Chair if NOT ACCEPTABLE



EXPOSURE

Carious: Mechanical:

Checked by CFE



Indirect Pulp Cap

Checked by CFE

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.

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.
