

Express Chair Request

Red dot indicates "to be evaluated"

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

ANTERIOR  
RESTORATION  
Progress Form

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

Candidate ID:\_\_\_\_\_

PLACE ID LABEL HERE

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

# of Modification Request Forms: 

1

2

3

4

5

Lesion Approval

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

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

Cubicle #:

If this patient is being "shared," please list other candidate's sequential # here: \_\_\_\_\_

Candidate: Check Type of Restoration and Circle Tooth Number

D

M

6

7

8

9

10

11

27

26

25

24

23

22

ACCESS: 

Lingual

Facial

Replacing Existing Restoration? ☐ Yes ☐ No

Candidate Affirms Contact is Closed At Initial Submission ☐ Yes 

Attach radiographs to the top of this page

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 received anesthetic the same day?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Anesthetic and Dose:	
Approval for Initial Anesthetic Examiner #:	<div></div> <div></div> <div></div> <div></div> <div></div>
Additional Anesthesia - Anesthetic and Dose:	
Approval for Additional Anesthetic Examiner #:	<div></div> <div></div> <div></div> <div></div> <div></div>
For this Procedure: Quantity of Anesthetic (cc) Actually Used	

PRE-TREATMENT MEDICATION (if required)

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

LINER

Candidate Request for Liner ☐

By checking this box I am requesting approval for a liner

Checked by CFE

IF GRANTED

☐ Candidate initials understanding results of liner request

Reviewed by Express Chair if

NOT ACCEPTABLE

First examiner #

requesting liner

CFE Process Notes

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

Pink Dot

Indirect Pulp Cap

Checked by CFE

Blue Dot

Exposure

Carious: ☐ Mechanical: ☐

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. Examiners: please enter your examiner # after reading comments.

**CFE: Place your examiner number, initials, and time noted after each comment**