

# ADEX MANIKIN EXAM PROGRESS FORM

\*ENTIRE FORM MUST BE COMPLETED IN INK

Candidate Sequential: \_\_\_\_\_  
Candidate ID: \_\_\_\_\_  
**PLACE ID LABEL HERE**  
Test Site: \_\_\_\_\_

Cubicle #:

Typodont #:

## ENDODONTICS CLINICAL EXAMINATION

CFE or Examiner #

Anterior Endodontic tooth #8 measured/recorded

LENGTH: \_\_\_\_\_

Typodont mounting approved

Anterior and Posterior Endodontic teeth completed

### CANDIDATE'S NOTES & COMMENTS TO EXAMINERS:

*Candidate: number each comment*

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

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## PROSTHODONTICS CLINICAL EXAMINATION

CFE or Examiner #

Typodont mounting approved

Start Time: \_\_\_\_\_

All Fixed Prosthodontic procedures are complete

Finish time: \_\_\_\_\_

Permission to dismount typodont

Typodont packed and received by CFE

### CANDIDATE'S NOTES & COMMENTS TO EXAMINERS:

*Candidate: number each comment*

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

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