**ENDODONTICS CLINICAL EXAMINATION**

CFE or Examiner #

Anterior Endodontic tooth #8 measured/recorded

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

All Fixed Prosthodontic procedures are complete

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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Start Time: ____________

Finish time: ____________

LENGTH: ____________