

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

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
