POSTERIOR RESTORATION Progress Form

# of Modification Request Forms:

Lesion Approval

Patient’s Name: ________________________________________________________

Assistant’s Name: ______________________________________________________

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

Added Surfaces

Candidate Affirms Contact is Closed At Initial Submission ☐ Yes ☐

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 ☐ No ☐

Anesthetic and Dose:

Approval for Initial Anesthetic Examiner #: ☐

Additional Anesthesia - Anesthetic and Dose:

Approval for Additional Anesthetic Examiner #: ☐

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 ☐

First examiner # requesting liner

Reviewed by Express Chair if NOT ACCEPTABLE

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 Process Notes

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

Indirect Pulp Cap

Exposure

Carious: ☐ Mechanical: ☐

Attachment: radiographs to the top of this page

Candidate Sequential:_____

Test Site:_____
CANDIDATE’S NOTES and COMMENTS TO EXAMINER, CONT’D
(Not Modification Requests):

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