

Red dot indicates "to be evaluated"

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

Express Chair Request

# POSTERIOR RESTORATION Progress Form

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

Candidate ID: **PLACE ID LABEL HERE**

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

# of Modification Request Forms:  1  2  3  4  5

Cubicle #:

## Lesion Approval

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

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

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

Posterior Amalgam MO  DO  MOD

Posterior Composite  Conventional  Box

MO  DO  MOD



Added Surfaces

Examiner #

Candidate Affirms Contact is Closed At Initial Submission  Yes

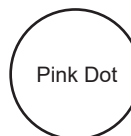
Attach radiographs to the top of this page

### CFE Process Notes

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

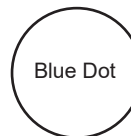
### ANESTHETIC RECORD

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 <input type="checkbox"/> No <input type="checkbox"/>
Anesthetic and Dose:	
Approval for Initial Anesthetic Examiner #:	
Additional Anesthesia - Anesthetic and Dose:	
Approval for Additional Anesthetic Examiner #:	<input type="text"/>
For this Procedure Quantity of Anesthetic (cc) Actually used	



**Indirect Pulp Cap**

Checked by CFE



**Exposure**

Carious:  Mechanical:

Checked by CFE

### 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

First examiner # requesting liner

Checked by CFE   
IF GRANTED



Candidate initials understanding results of liner request

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.

