Express Chair Request

Red dot indicates "to be evaluated"

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

POSTERIOR
RESTORATION
Progress Form

Candidate Sequential:____
Candidate ID:____
PLACE ID LABEL HERE
Test Site:____

# of Modification Request Forms: 1 2 3 4 5

Cubicle #: ____

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

Lesion Approval

Patient's Name: _____

Assistant's Name: _____

Candidate: Circle Tooth Number & Check Restoration Type

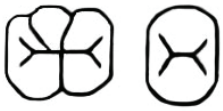
1	2	3	4	5		12	13	14	15	16
32	31	30	29	28		21	20	19	18	17

Posterior Amalgam MO ☐ DO ☐ MOD ☐

Posterior Composite MO ☐ DO ☐ MOD ☐

Added Surfaces _____

Examiner # ☐☐☐☐☐



Candidate initials affirming the contact is closed upon initial submission ☐

Attach radiographs to the top of this page

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? Anesthetic and Dose:	Yes☐ No ☐
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 ☐
By checking this box I am requesting approval for a liner

☐ Candidate initials understanding results of liner request

For Examiner Use Only:

First examiner # requesting liner ☐☐☐☐☐

Checked by CFE IF GRANTED ☐☐☐☐☐

Reviewed by Express Chair if NOT ACCEPTABLE ☐☐☐☐☐

POSTERIOR COMPOSITE TYPE:

☐ Pulpal Floor Present ☐ Pulpal Floor Not Present

Examiner # ☐☐☐☐☐

CFE Process Notes

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

Pink Dot **Indirect Pulp Cap**

Checked by CFE ☐☐☐☐☐

Blue Dot **Exposure**

Carious: ☐ Mechanical: ☐

Checked by CFE ☐☐☐☐☐

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.

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