

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



POSTERIOR RESTORATION Progress Form

Candidate Sequential: _____
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: 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 :

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 #:	<input type="text"/>
Additional Anesthesia - Anesthetic and Dose:	
Approval for Additional Anesthetic Examiner #:	<input type="text"/>
For this Procedure Quantity of Anesthetic (cc) Actually used	

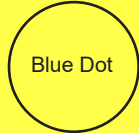
PRE-TREATMENT MEDICATION (if required)

Medication(s) (Brand/Generic Name)	
Dosage/When Taken	



Indirect Pulp Cap

Checked by CFE



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.
