

PERIODONTAL PROGRESS FORM

Candidate Sequential: _____

PLACE ID LABEL HERE

Test Site: _____

Patient's Name: _____

Cubicle #:

Assistant's Name: _____

If this patient is being "shared," please list other Candidate Sequential # here: _____

Radiographs	
1st Radiographic Submission Examiner #:	<input type="text"/>
2nd Radiographic Submission (if required) Examiner #:	<input type="text"/>

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

Pretreatment Medication (if required)	
Medication(s) (Brand/Generic Name):	
Dosage/When Taken:	

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 received anesthetic the same day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 Anesthesia (cc) Actually Used:	

Finish Time:

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.
