

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	

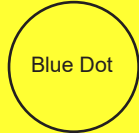
### PRE-TREATMENT MEDICATION (if required)

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



### Indirect Pulp Cap

Checked by CFE



### Exposure

Carious:  Mechanical:

Checked by CFE

### Misdiagnosis #1

CFE CFE

### Misdiagnosis #2

CFE 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.

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