

Red dot indicates "to be evaluated"

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



# ANTERIOR 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 and Check Type of Restoration**

D	M	6	7	8	9	10	11
		27	26	25	24	23	22

ACCESS: Lingual  Facial

Replacing Existing Restoration?  Yes  No

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 received 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	

**Indirect Pulp Cap**

Pink Dot

Checked by CFE

**Exposure**

Blue Dot

Cariou:  Mechanical:

Checked by CFE

**Misdiagnosis #1**

CFE  CFE

**Misdiagnosis #2**

CFE  CFE

## PRE-TREATMENT MEDICATION (if required)

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

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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