

Endodontics

Progress Form

CANDIDATE LABEL



Candidate #

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Unit #

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Typodont #

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Examination Set-Up

CANDIDATE COMMENTS: If there are no issues, please initial:

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Typodont Mounting Approved

CFE #

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I have measured the length of the
Anterior tooth.

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Candidate
Initials

Examination Check Out

CFE #

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Model Evaluated

Permission to Dismantle Typodont

Submission of Carrier Tray

ID Collected

Start Time

		:		
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Finish Time

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Damage to Shroud/Tooth

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Penalty Form

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CFE #

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Chief #

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EXAMINER/CHIEF COMMENTS: