

Red dot indicates "to be evaluated"

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



ANTERIOR RESTORATION Progress Form

Candidate Sequential: _____
 Candidate ID: _____
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

	6	7	8	9	10	11
D						
M						
	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

Pink Dot

Indirect Pulp Cap

Checked by CFE

Blue Dot

Exposure

Carious: Mechanical:

Checked by CFE

Misdiagnosis #1

CFE				CFE			

Misdiagnosis #2

CFE				CFE			

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 #:	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					
Additional Anesthesia - Anesthetic and Dose:						
Approval for Additional Anesthetic Examiner #:	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					
For this Procedure: Quantity of Anesthetic (cc) Actually Used						

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.
