

# PERIODONTAL PROGRESS FORM

Candidate Sequential: \_\_\_\_\_

Candidate ID:  
**PLACE ID LABEL HERE**

Test Site: \_\_\_\_\_

Cubicle #:

Patient's Name: \_\_\_\_\_

Assistant's Name: \_\_\_\_\_

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

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

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

<b>Anesthetic Record</b>	
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Additional Anesthesia - Anesthetic and Dose:	
Approval for Additional Anesthetic Examiner #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
For this Procedure - Quantity of Anesthesia (cc) Actually Used:	

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

**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.

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