

# POSTERIOR COMPEDONT

## Progress Form

CANDIDATE LABEL



Unit/Cubicle #

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### Typodont Approval

CANDIDATE INITIALS  
REQUIRED

AMALGAM

COMPOSITE

### PROPOSED RESTORATION

INITIAL DIAGNOSIS:

TOOTH #

SURFACES

MISDIAGNOSIS:  
CFE #

2ND DIAGNOSIS (if applicable):

TOOTH #

SURFACES

MISDIAGNOSIS:  
CFE #

Typodont Mounting Approved:

CFE#

CANDIDATE COMMENTS:

I AM SUBMITTING FOR PREPARATION GRADING.

CANDIDATE INITIALS  
REQUIRED

MODIFICATIONS WERE REQUESTED?

NO

YES

IF YES,  
HOW MANY?

REVIEWED PRIOR TO  
SUBMISSION FOR GRADING

CFE #

PREPARATION EVALUATION  
COMPLETE

CFE #

RESTORATION EVALUATION  
COMPLETE

CFE #