

ANTERIOR COMPEDONT

Progress Form

CANDIDATE LABEL



Unit/Cubicle #

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Typodont Approval

CANDIDATE INITIALS
REQUIRED

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PROPOSED RESTORATION

(including Access Surface)

INITIAL DIAGNOSIS:

TOOTH #

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SURFACES

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MISDIAGNOSIS:

CFE #

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2ND DIAGNOSIS (if applicable):

TOOTH #

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SURFACES

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MISDIAGNOSIS:

CFE #

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Typodont Mounting Approved:

CFE#

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CANDIDATE COMMENTS:

I AM SUBMITTING FOR PREPARATION GRADING.

CANDIDATE INITIALS
REQUIRED

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MODIFICATIONS WERE REQUESTED?

NO

YES

IF YES,
HOW MANY?

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REVIEWED PRIOR TO
SUBMISSION FOR GRADING

CFE #

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PREPARATION EVALUATION
COMPLETE

CFE #

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RESTORATION EVALUATION
COMPLETE

CFE #

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