

Endodontic Progress Form

CANDIDATE LABEL



Unit/Cubicle #

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Typodont #

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Typodont Approval

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CANDIDATE INITIALS
REQUIRED

CANDIDATE COMMENTS:

I have measured the length of the Anterior tooth.

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CANDIDATE INITIALS
REQUIRED

Typodont Mounting Approved

CFE #

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ASSIGNED FINISH TIME

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Procedure Check-Out

PROCEDURES COMPLETE

CFE #

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- Permission to Setup for NEXT exam part,
OR to Dismantle typodont

Candidate Check-Out

CANDIDATE CHECK-OUT

CFE #

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- Collection of Typodont; affix label