

# Formative Evaluation: Removable Prosthodontics

Date	Universal Measures								Procedure Type				Procedure-Specific Measures										Fac Initial											
	Medical Hx	Diagnosis	TX Planning	Pain Mgt	Infect Control	Time Mgt	Patient Mgt	Record Keep'g	Self-Eval	Complete Denture	Partial Denture	Transit'l Denture	Reline/Rebase	Prelim Impression	Survey	Tooth Preps	Border Mold	Final Impression	Lab Rx	Framework Adjust	VDO	Facebow		Centric Relation	Post Palatal Seal	VDO, CR Verify	Centric Occlusion	Lateral, Protrusive	Disclosing Paste	Tissue Conditioner	Pt Remount	Advising on Back		
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SCALE: Checkmark ✓ = Not Yet Performing Independently  
 Dash Line — = Performed Independently This Time  
 Blank Space = Not Adequately Observed During This Session to Accurately Determine