

**Clinical Professional Variance Form (CVF)**

<b>Student Name (print)</b>	<b>Date</b>
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Categories and Description	Variance Noted
<b>Preparedness:</b>	
<b>Timeliness:</b> Attends all huddles, Patient seated/finished on time, Patient record signed	
<b>Operatory Setup:</b> All materials present, follows infection control, Operatory area neat	
<b>Demonstration of understanding of patient care:</b> Prepared and knowledgeable about treatment to be rendered to assigned patient	
<b>Preparation for prosthodontic cases:</b> OAs completed before procedure, Study casts present and mounted, Phase II treatment plan finished	
<b>Comprehensive Dental Approach to Patient Care:</b>	
Understands the needs of each patient in family of patients	
Patients treated with appropriate thoroughness and timeliness	
Patient treatment properly sequenced	
Proper management of specialty referrals (SOS, GPerio, GPros, Etc..)	
Patient emergencies appropriately handled	
Applies ethical standards to professional practice	
<b>Professional Leadership in the Team:</b>	
Displays consideration/respect towards staff, faculty, and peers	
Present for Team meetings and gatherings	
Assists others in the Team when needed (SOS, chairside, etc..)	
<b>Records Management:</b>	
SOAP format followed	
Charts legible, complete, with signatures/stamps	
Diagnoses and treatment plan complete and kept up to date	
Every appointment documented	
<b>Detailed Description of Variance:</b>	
<b>Print Faculty/Staff Name</b>	<b>Faculty/Staff Signature</b>