

Pulp Cap Request Form

CANDIDATE LABEL



Candidate #

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Unit #

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REQUIRED: Indicate Type of Pulp Cap:

Indirect

Candidate Initials

Direct

Candidate Initials

PROCEDURE:

Anterior Composite

Posterior Amalgam

Posterior Composite

These request(s) have been discussed with a CFE prior to submitting them to Evaluation Station.

CFE #

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I certify that I understand:

1. At least 1 modification to remove caries has been granted and completed. The only exception is a young patient with high pulp horns and a moderate lesion. In this case it can be the first modification request.
2. That all caries have been removed except 0.5 directly over the pulp.
3. If approved, I can make NO additional alterations to the preparation except to place the pulp cap.
4. If not approved, the preparation will be sent to grading

Candidate #

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What:

1. Where:

Why:

Granted: Grading Room Captain

Not Granted: Grading Room Captain

Grading Room Co-Captain

Reviewed by CFE

Initial Pulp cap Placement

Granted:

CFE #

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Not Granted:

CFE #

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2ND Placement (if needed)

Granted:

CFE #

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Not Granted:

CFE #

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PULP CAP FLOW CHART

