Anterior Restorative Modification Request Form

CANDIDATE LABEL

CDCA WREB CITA

Unit/Cubicle #

Request(s) must be discussed with and signed off by a CFE prior to submission to the Evaluation Station.
Four (4) denied modifications will result in a review by the Chief Examiner.

I certify the preparation is within the ACCEPTABLE range, and the surfaces to be modified are at the limit of the ACCEPTABLE criteria.

Candidate ID #

Trip #/Mod #	**Discussed with CFE:**		
	What:		
	Where:	**How Much:**	
	Why:		

Granted: Grading Examiner	**Not Granted:** Grading Examiner	Grading Examiner	Reviewed by CFE

Trip #/Mod #	**Discussed with CFE:**		
	What:		
	Where:	**How Much:**	
	Why:		

Granted: Grading Examiner	**Not Granted:** Grading Examiner	Grading Examiner	Reviewed by CFE

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2024