

# Direct Pulp Cap Request Form

CANDIDATE LABEL



Unit/Cubicle #

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Anterior
  Posterior

This request has been discussed with a CFE prior to submission to the Evaluation Station.

CFE # 

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## Candidate Notification of Exposure

**CANDIDATE:** Describe the precise location and approximate dimension of the exposure.

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## Management of Exposure

**CANDIDATE:** Describe the precise procedure for management of the exposure, including instructions for the patient.

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## Additional Tooth Modification Requirements

**CANDIDATE:** Will tooth require further preparation prior to submission for Preparation Evaluation?  YES  NO

<b>Granted:</b> <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Grading Room Captain</td></tr></table>	Grading Room Captain	<b>Not Granted:</b> <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Grading Room Captain</td></tr></table>	Grading Room Captain	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Grading Room Captain</td></tr></table>	Grading Room Captain	Reviewed by CFE
Grading Room Captain						
Grading Room Captain						
Grading Room Captain						

**Initial Pulp Cap Placement**

**APPROVED**

CFE # 

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**NOT APPROVED\*\***

CFE # 

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**\*\*SEND TO EXPRESS CHAIR FOR EVALUATION OF PULP CAP**

<b>Approved:</b> <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Grading Room Captain</td></tr></table>	Grading Room Captain	<b>Not Approved:</b> <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Grading Room Captain</td></tr></table>	Grading Room Captain	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Grading Room Captain</td></tr></table>	Grading Room Captain	Reviewed by CFE
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Grading Room Captain						

**2nd Pulp Cap Placement (if needed)**

**APPROVED**

CFE # 

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**NOT APPROVED\*\***

CFE # 

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