

# Direct Pulp Cap Request Form

CANDIDATE LABEL



Unit/Cubicle #

--	--	--

Anterior
  Posterior

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

CFE # 

--	--	--	--	--	--

### Candidate Notification of Exposure

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

---



---

### Management of Exposure

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

---



---



---

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

**Initial Pulp Cap Placement**

**APPROVED**

CFE # 

--	--	--	--	--	--

**NOT APPROVED\*\***

CFE # 

--	--	--	--	--	--

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

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

**APPROVED**

CFE # 

--	--	--	--	--	--

**NOT APPROVED\*\***

CFE # 

--	--	--	--	--	--

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