

Indirect Pulp Cap Request Form

CANDIDATE LABEL



Unit/Cubicle #

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PROCEDURE: Anterior Composite Posterior Amalgam Posterior Composite

These request(s) have been discussed with a CFE prior to submission to the Evaluation Station. CFE #

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I certify that I understand the following:

1. At least one (1) modification to remove caries has been granted and completed.
2. All caries have been removed except 0.5 mm directly over the pulp.
3. If GRANTED, I can make NO additional alterations to the preparation except to place the pulp cap.
4. If NOT GRANTED, the preparation will be sent to grading.

CANDIDATE ID #

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What: _____
 Where: _____
 Why: _____

Granted: <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Grading Room</td><td>Captain</td></tr></table>	Grading Room	Captain	Not Granted: <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Grading Room</td><td>Captain</td></tr></table>	Grading Room	Captain	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Grading Room</td><td>Captain</td></tr></table>	Grading Room	Captain	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>Reviewed by CFE</td></tr></table>	Reviewed by CFE
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Initial Pulp Cap Placement	APPROVED* CFE # <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> *SEND FOR GRADING OF PREPARATION							NOT APPROVED** CFE # <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> **SEND TO EXPRESS CHAIR FOR EVALUATION OF PULP CAP						

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2nd Pulp Cap Placement (if needed)	APPROVED* CFE # <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> *SEND FOR GRADING OF PREPARATION							NOT APPROVED** CFE # <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> **SEND TO EXPRESS CHAIR FOR EVALUATION OF PULP CAP						

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