

# Amalgam Restoration Grading Room Request Form

CANDIDATE IDENTIFICATION NUMBER



Candidate #

Unit #

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Time In: 

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Time Out: 

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Instructions to Candidate Form

Time In: 

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Time Out: 

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Time Stamp (CITA use ONLY!)

If you are requesting the Amalgam Restoration to be graded, this form **MUST** be completed and sent with your patient to the grading station. The appropriate box must be checked for the procedure you wish to be evaluated at the time you send your patient to the grading station.

## AMALGAM RESTORATION

I am requesting the Amalgam Restoration be evaluated.

### COMMUNICATION FROM CANDIDATE

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Grader #1 

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Grader #2 

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Grader #3 

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