

# Composite Preparation Grading Room Request Form

CANDIDATE IDENTIFICATION NUMBER

Candidate #

Unit #



INFORMATION ONLY

Time In:

Time Out:

		:		
		:		

Instructions to Candidate Form

Time In:

Time Out:

		:		
		:		

Time Stamp (CITA use ONLY!)

If you are requesting the Composite Preparation 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.

## COMPOSITE PREPARATION

- 1) I am requesting the Composite Preparation be evaluated.
- 2) I have a request for a liner or base.

Liner or Base ACCEPTABLE

Grader #

Liner or Base NOT ACCEPTABLE

Grader #  Grader #

## MODIFICATION REQUEST

I have submitted modification request(s) for this procedure and they are included.

## EXPOSURE

I am requesting that the preparation be graded after the exposure has been processed.

### COMMUNICATION FROM CANDIDATE

Grader #1

Grader #2

Grader #3