

EXPOSURE PROCESSING REQUEST FORM

Candidate #	Unit #
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<u>Procedure</u>	
<input type="checkbox"/> Amalgam <input type="checkbox"/> Composite	



Time In:	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>
Time Out:	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>
Time Stamp (CITA use ONLY!)			

Extension of Time Granted: YES (If yes, amount of minutes given:) NO

Candidate Notification of Exposure

Candidate should describe the precise location of the exposure and the approximate dimension

Management of Exposure

Candidate should describe the precise procedure for management of the exposure, including all medicaments and instructions to patient of the exposure and the approximate dimension.

Additional Tooth Modification Requirements

Candidate should describe any additional extensions or removal of tooth structure prior to the preparation submittal for grading.

GRADING ROOM USE ONLY!

EXPOSURE VALIDATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EXPOSURE ETIOLOGY	<input type="checkbox"/> JUSTIFIED	<input type="checkbox"/> UNJUSTIFIED
EXPOSURE MANAGEMENT	<input type="checkbox"/> APPROPRIATE	<input type="checkbox"/> NOT APPROPRIATE
PREPARATION COMPLETION	<input type="checkbox"/> COMPLETE	<input type="checkbox"/> INCOMPLETE

ACCEPTABLE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNACCEPTABLE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Grading Room Captain	Grading Room Captain	Chief Examiner

Instructions to Candidate Completed and Reviewed: Chief Examiner