

Modification 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 during the preparation, the tooth indicates a need for a significant change from the ideal, this form must be completed and sent with your patient to the Grading Station. **A new form must be submitted with each trip to the Grading Station for a modification request.**

1st Request
 2nd Request
 3rd Request

Amalgam Preparation

Composite Preparation

A request to modify MUST include:

- a) Type (external outline, internal form)
- b) Where (gingival axial line angle, mesial box)
- c) Why (due to caries, decalcification)
- d) How much (reference back to either ideal or to the current condition of tooth.)

NOTE: Modification request not completed appropriately will be returned to the candidate resulting in a penalty and loss of time.

Candidate Request for Modification (List each request separately):

1.	Type: _____ Where: _____ Why: _____ How Much: _____
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Granted:

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Grader #1

Not Granted:

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Grader #1

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Grader #2

2.	Type: _____ Where: _____ Why: _____ How Much: _____
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Granted:

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Grader #1

Not Granted:

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Grader #1

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Grader #2

3.	Type: _____ Where: _____ Why: _____ How Much: _____
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Granted:

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Grader #1

Not Granted:

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Grader #1

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Grader #2