

**INSTRUCTIONS TO CANDIDATE
RESTORATIVE EXAMINATION**

SEE CLINIC FLOOR EXAMINER BEFORE PROCEEDING

Candidate # [][][][]	Unit # [][][][]	PROCEDURE:	<input type="checkbox"/> Amalgam	<input type="checkbox"/> Composite
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PATIENT APPROVAL

<input type="checkbox"/>	Improper recordkeeping (ie. blood pressure not recorded, progress form incomplete, etc.)
<input type="checkbox"/>	Failure to document a known latex allergy
<input type="checkbox"/>	Improper management of significant history or pathosis
<input type="checkbox"/>	Radiographs missing or Radiographs missing patient name and/or date
<input type="checkbox"/>	Poor quality, non-diagnostic radiographs () 1st Rejection () 2nd Rejection () 3rd Rejection
<input type="checkbox"/>	Proposed restoration rejected (patient or lesion) () 1st Rejection () 2nd Rejection () 3rd Rejection
<input type="checkbox"/>	Administration of anesthetic before approval of tooth selection

PATIENT TREATMENT

<input type="checkbox"/>	Poor patient management and/or disregard for the patient's welfare or comfort
<input type="checkbox"/>	Treatment of teeth or surfaces other than those approved or assigned by examiners
<input type="checkbox"/>	Placement of a Base is Required or Request for Placement of a Base is Rejected
<input type="checkbox"/>	Inadequate isolation (Replace rubber dam)
<input type="checkbox"/>	Adjust/Check occlusion, location
<input type="checkbox"/>	Damage to Adjacent Tooth () Polish () Recontour () Requires Restoration

MODIFICATIONS

<input type="checkbox"/>	Inappropriate request for modification:
<input type="checkbox"/>	Preparation not to ideal stage
<input type="checkbox"/>	Rationale for or definition of modification not consistent with clinical presentation
<input type="checkbox"/>	() Type () Where () Why () How Much () Other
<input type="checkbox"/>	Modification Form: () Missing () Incomplete () Not Legible () Other
<input type="checkbox"/>	Unsatisfactory completion of each required modification sent to the candidate from the Grading Station

EXPOSURE

<input type="checkbox"/>	Unjustified mechanical pulpal exposure
<input type="checkbox"/>	Unrecognized pulpal exposure
<input type="checkbox"/>	Unavoidable pulpal exposure which is inappropriately managed

TEMPORIZATION

<input type="checkbox"/>	Temporization subsequent to instructions from the Grading Station
<input type="checkbox"/>	Temporization due to failure to complete a finished restoration during allotted examination time

OTHER

<input type="checkbox"/>	Failure to submit correct instruments and/or supplies
<input type="checkbox"/>	Failure to have a patient approved for treatment within allotted time.
Additional Instructions: _____ _____	

EXAMINER 1 # [][][][][]	EXAMINER 2 # [][][][][]	CHIEF/CAPTAIN # [][][][][]
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Candidate understands instructions and is authorized to continue:

CANDIDATE # [][][]	CFE # [][][][][]
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White Copy (CITA)
Yellow Copy (Candidate)
Pink Copy (CITA)