

Candidates are encouraged to refer to the Candidate Tutorial Booklet received in the confirmation packet for instructions on submitting paperwork. A CITA staff representative will check all paperwork and material and will give the candidate a “Paperwork Acceptance” card and a “Modification Request” card. The candidate will then be instructed to return to their operatory and a CITA staff representative and/or assistant will retrieve the patient from the operatory, along with the paperwork and instruments and will escort the patient to the grading station.

With the rubber dam in place, the patient is sent to the Grading Station for approval of the modification request. The following materials will need to be sent with the patient to the Grading Station:

- Required Instruments in a sealable container no larger than 10” x 6” x 3.5”
- Modification Request Form (including any prior requests approved or rejected)
- Progress Form
- Radiographs

b. Returning from Evaluation of a Modification Request

When the patient returns from the Grading Station, if the candidate does not receive an Instructions to Candidate Form the candidate should continue with treatment.



If a Modification Request is rejected, a red “Modification Request Denied” card will be returned to the candidate with the paperwork and Instructions to Candidate Form.

If the candidate receives an Instructions to Candidate Form, **THE CANDIDATE MUST INFORM THE CLINIC FLOOR EXAMINER BEFORE PROCEEDING** and follow the instructions that have been issued by the examiners.

8. Exposure Processing

If the candidate anticipates or actually experiences a pulpal exposure, a clinic floor examiner should be notified at once. The candidate should inform the examiner that either an exposure is anticipated, or that there is an exposure and the basis for making that observation. The clinic floor examiner will not clinically evaluate the patient or the preparation, but will summons the Chief or a Co-Chief Examiner who will instruct the candidate to complete an Exposure Processing Form.

The Exposure Processing Form will require the candidate to note the exact location of the exposure within the preparation outline and the approximate

dimensions. The candidate will then describe the precise procedure for management of the exposure, including all medicaments and instructions to the patient. Lastly, the candidate should describe any additional extensions or removal of tooth structure which would be required prior to the preparation being submitted to the grading station.

If the candidate has finished all cavity preparations and desires to have the preparation graded while the patient is in the grading area, the candidate should also complete a Grading Area Request Form and check those boxes which are applicable to the candidate's situation.

When the paperwork is submitted for acceptance the candidate should also include three grade sheets with barcodes attached for the procedure being performed by the candidate. In total, the candidate will need to submit to the Check-In Station the Exposure Processing Form, the Progress Form, any Modification Request Forms, and a Grading Area request Form if the candidate wishes to have the preparation graded while the patient is in the Grading Station for the processing of the exposure. Please note, that the preparation will not be graded unless the candidate specifically designates that grading of the preparation should occur.

When all paperwork has been completed, the Chief, or Co-Chief, or CITA staff will escort the patient to the grading station where it will be evaluated.

9. Completion of Class II/Class III Preparation and Restoration Procedures

The following sections will take the candidate step-by-step through the procedural aspects for completion of the Class II/Class III Preparation and Restoration procedures of the restorative examination.

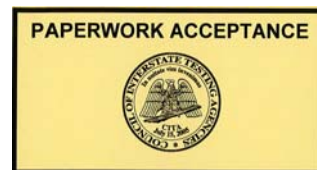
a. Presenting the Patient and Treatment Selection for Approval

Candidates are encouraged to refer to the Candidate Tutorial Booklet for information regarding patient approval. Candidates will need to have the following items available to the examiners to receive a starting check:

- Completed Medical Health History Form (contained in the Progress Form)
- Completed Treatment Consent Form (contained in the Progress Form)
- Progress Form noting tooth number and type of restoration, as well as the anesthetic record section completed with **NO** anesthetic administered
- Pre-operative radiographs (bitewing and periapical for the Class II, and just a periapical for the Class III), which are no more than six [6] months old, which depict the current condition of the tooth and surrounding structures
- Required Instruments

b. Examiner Evaluation of the Class II/Class III Preparation Procedure

Once the candidate is ready to have their patient evaluated for the Class II/Class III preparation procedure, the candidate will need to submit to the check-in station the required paperwork and materials. Candidates are NOT to bring their patients to the check-in station. Candidates are encouraged to refer to the Candidate Tutorial Booklet received in the confirmation packet for instructions on submitting paperwork. A CITA staff representative will check all paperwork and material and will give the candidate a “Paperwork Acceptance” card. The candidate will then be instructed to return to their operatory and a CITA staff representative and/or assistant will retrieve the patient from the operatory, along with the paperwork and instruments and will escort the patient to the grading station.



With the rubber dam in place, the patient is sent to the Grading Station for evaluation of the Class II/Class III Preparation procedure. The candidate should send the following items:

- Required Instruments in a sealable container no larger than 10” x 6” x 3.5”
- Preparation Grading Room Request Form
- All Modification Request Forms (Approved or Rejected)
- Progress Form
- Pre-operative radiographs
- Class II Preparation Grade Sheets (3)

The preparation should be presented in sufficient time for the patient to be evaluated (which may involve waiting delays) and for the finished restoration if amalgam, to be condensed, carved, and set up enough to withstand flossing during evaluation.

c. Returning from Evaluation of the Class II/Class III Preparation Procedure

When the patient returns from the Grading Station, if the candidate does not receive an Instructions to Candidate Form, the candidate should continue with treatment. If the candidate receives an Instructions to Candidate Form, **THE CANDIDATE MUST INFORM THE CLINIC FLOOR EXAMINER BEFORE PROCEEDING** and follow the instructions that have been issued by the examiners.

A treatment liner is neither required nor evaluated; however, if the candidate determines that a treatment liner is indicated, or should he/she have been directed to place one by the examiners, the placement of the liner must be checked at the Grading Station **AFTER THE PREPARATION HAS BEEN EVALUATED.**

If amalgam, the condensed and carved amalgam surface should **NOT** be polished or altered by abrasive rotary instrumentation except for purposes of adjusting

occlusion. Proximal contact is a critical part of the evaluation, and the candidate should be aware that the examiners will be checking the contact with **WAXED** dental floss. Field trials have indicated most amalgams can withstand floss being passed through the contact within thirty (30) minutes **AFTER THE MATRIX BAND HAS BEEN REMOVED**. The candidate should be familiar with the properties of the amalgam being used and should allow sufficient time for the amalgam to set before sending the finished restoration to the Grading Station. A developed and mounted post-operative bitewing **MAY** be requested at any time at the discretion of a restorative examiner or the Clinic Floor Examiner.

If composite, the restorative material does not need to be polished; however, it should be free from void or defect, must be cured to sufficient hardness to retain interproximal contact, withstand forces of mastication, and not dislodge within the cavity walls.

d. Examiner Evaluation of the Class II/Class III Restoration Procedure

Once the candidate is ready to have their patient evaluated for the Class II/Class III restoration procedure, the candidate will need to submit to the check-in station the required paperwork and materials. Candidates are NOT to bring their patients to the check-in station. Candidates are encouraged to refer to the Candidate Tutorial Booklet received in the confirmation packet for instructions on submitting paperwork. A CITA staff representative will check all paperwork and material and will give the candidate a “Paperwork Acceptance” card. The candidate will then be instructed to return to their operatory and a CITA staff representative and/or assistant will retrieve the patient from the operatory, along with the paperwork and instruments and will escort the patient to the grading station.



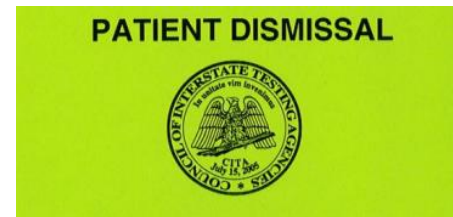
With **NO** rubber dam in place, the patient is sent to the Grading Station for evaluation of the finished restoration. The finished restoration must be presented by the required time as specified in the examination schedule, or it will not be evaluated. The candidate should send the following items to the Grading Station with the patient:

- Required Instruments in a sealable container no larger than 10” x 6” x 3.5”
- Progress Form
- Pre-operative radiographs
- Restoration Grading Room Request Form
- All Modification Request Forms (Approved or Rejected)
- Class II Restoration Grade Sheets (3)

e. Examination Completion Following Examiner Evaluation

If the candidate receives no communication from the Grading Station the patient may be dismissed after a clinic floor examiner has approved the patient for dismissal and recorded his/her number in the appropriate space on the Progress Form and given the candidate a green "Patient Dismissal" card.

Once the candidate has received the green Dismissal Card, if they have completed all procedures for the Restorative examination, they should compile the necessary documents for Check Out, and present those documents in their proper order to the Check Out station. There will be a Check Out Form which is disseminated to candidates at registration which contains the required documents for Check Out and specifies the order those documents should be arranged.



However, if the finished restoration is **NOT** clinically acceptable as stated on the Instructions to Candidate Form, the candidate may be required to remove the restoration and temporize the tooth.

In such cases, the Clinic Floor Examiner must be contacted, and a Dental Patient Notification Form is completed by the candidate and Chief Examiner to ensure the responsibility for further treatment is understood and that the patient will receive the proper care.

All post-treatment required as a result of treatment rendered during the examination is the responsibility of the candidate and handled at the expense of the candidate.

10. Restorative Check-Out Procedure

Candidates are encouraged to consult the Candidate Tutorial Booklet regarding the check out process. The items specified below should be enclosed in the **original Candidate packet** and turned-in at the Check-Out Station in the following order:

1. Identification Badge without the badge holder (only if the candidate is NOT taking the Periodontal and/or Manikin Examinations)
2. Assistant Badge without the badge holder (only if it is the candidate is NOT taking the Periodontal Examination or utilizing the same assistant for the Periodontal Examination)
3. Class II/Class III Restorative Progress Forms
4. Class II/Class III Restorative Preparation Grading Room Request Forms
5. Class II/Class III Restorative Restoration Grading Room Request Forms
6. Class II/Class III Restorative Radiographs

7. Class II/Class III Modification Request Forms
8. Any Class II/Class III Restorative Procedure Grade Sheets not used
9. Any Progress Forms from patient rejections
10. Any yellow Instructions to Candidate Forms
11. Any extra barcode labels (only if candidate is NOT taking the Periodontal examination)

**RESTORATIVE
CANDIDATE CHECK – OUT FORM**

DIRECTIONS: THE FOLLOWING INFORMATION MUST BE IN THE PROPER ORDER BEFORE APPROACHING THE CHECK-OUT STATION. If your paperwork is NOT in the correct order, you will be instructed to return to your operator and organize the paperwork correctly. YOU WILL NOT BE ALLOWED TO CHECK-OUT UNTIL ALL OF YOUR MATERIAL IS IN THE PROPER ORDER.

STOP IF YOU ARE TAKING THE PERIODONTAL AND/OR MANKIN EXAM – DO NOT TURN IN:

Staff Initials	Candidate Initials	Identification Badge
_____	_____	Assistant Badge (If utilizing the same assistant for Periodontal Exams)

Staff Initials	Candidate Initials	CLASS II PROCEDURE:
_____	_____	Class II Progress Form
_____	_____	(With Clinic Floor Examiner Number Recorded Indicating Patient Dismissal)
_____	_____	Class II Preparation Grading Room Request Form
_____	_____	Class II Restoration Grading Room Request Form
_____	_____	Class II Radiographs
_____	_____	Amalgam Modification Forms

Staff Initials	Candidate Initials	CLASS III PROCEDURE:
_____	_____	Class III Progress Form
_____	_____	(With Clinic Floor Examiner Number Recorded Indicating Patient Dismissal)
_____	_____	Class III Preparation Grading Room Request Form
_____	_____	Class III Restoration Grading Room Request Form
_____	_____	Class III Radiographs
_____	_____	Class III Modification Forms

OTHER MATERIALS (IF APPLICABLE):

_____ Identification Badge (Please Remove Badge From Holder Before Turning In)

_____ Assistant Badge (Please Remove Badge From Holder Before Turning In)

_____ Any Incomplete Grade Sheets / Paperwork / or Other Material, Due To Examination Termination

_____ Cards = Patient Dismissal (Green), Modification: Request (Blue)/Denied (Red)

_____ All Remaining Restorative Bar Code Labels (only if this is your last exam)

All information is complete: _____ Candidate # _____
(Candidate confirms by Printing Candidate Number on line)

All information has been verified: _____
Staff Signature _____

PART VI TERMINOLOGY

Terminology

For criteria to be consistently and appropriately applied, it is often necessary for there to be a clear definition of terminology and a well-defined examination protocol that provides documentation sufficient to determine whether good clinical judgment has been exercised throughout the treatment process. Although a comprehensive “*Glossary of Words, Terms, and Phrases*,” is included later in this examination manual, there are several definitions that need to be emphasized. These terms are:

Sound Tooth Structure: May include proximal decalcification that cannot be penetrated by an explorer and does not exceed one-half ($\frac{1}{2}$) the thickness of the enamel.

Open Margin: A void at the restoration-tooth interface which allows the tine of an explorer to penetrate between the restoration and the internal aspect of the preparation.

Deficient Margin: The occlusal cavosurface margin demonstrates more than a 0.5 mm deficiency in restorative material, and the margin is sealed.

Caries: The diagnosis of dentinal caries is made by tactile sensation with light pressure on an explorer, described as a defect with a soft, sticky base, or a defect that can be penetrated and exhibits definite resistance upon withdrawal of the explorer.

PART VII GLOSSARY OF WORDS, TERMS AND PHRASES

The following information provides definitions and/or descriptions of words, terms or phrases used by CITA for purposes of examining and evaluating candidates for dental licensure. Furthermore, this information should assist not only candidates with their understanding of the criteria and procedures for this examination, but also examiners in making consistent evaluations of candidate performance.

The words, terms or phrases have been collected from many sources, including, but not limited to, CITA's evaluation criteria, various evaluation forms, and information appearing elsewhere in this manual. Other similar items not found in the foregoing sources have been included, inasmuch as they also may be used by examiners or candidates during the course of the examination. The definitions or descriptions for the words, terms or phrases were derived from dictionaries, dental dictionaries, operative dentistry textbooks, glossaries from dental schools, operative dentistry technique or procedure manuals. The periodontal terms were taken from the "*Glossary of Periodontic Terms*" published by the American Academy of Periodontology.

TERM	DEFINITION
Abfraction	The deep V-shaped groove usually noted at the CEJ which is caused by bruxism. This may be visible or below the gingival margin.
Abrasion	Abnormal wearing of tooth substance or restoration by mechanical factors other than tooth contact.
Abutment	A tooth used to provide support or anchorage for a fixed or removable prosthesis.
Acrylic Resin	Synthetic resin derived from acrylic acid used to manufacture dentures/denture teeth and provisional restorations
Adjustment	Selective grinding of teeth or restorations to alter shape, contour, and establish stable occlusion
Angle	A corner; cavosurface angle : angle formed between the cavity wall and surface of the tooth; line angle : angle formed between two cavity walls or tooth surfaces.
Apical	The tip, or apex, of a root of a tooth and its immediate surroundings.
Attached Gingiva	The portion of the gingiva that extends apically from the base of the sulcus to the mucogingival junction.
Attrition	Loss of tooth substance or restoration caused by mastication or tooth contact.

TERM	DEFINITION
Axial Wall	An internal cavity surface parallel to the long axis of the tooth.
Base	Typically a replacement material for missing dentinal tooth structure, used for bulk buildup and/or for blocking out undercuts. Examples include ZOE B&T, IRM, glass ionomer cement and zinc-phosphate cement.
Bevel	A plane sloping from the horizontal or vertical that creates a cavosurface angle which is greater than 90°.
Bonding Agent	See “ <i>Sealers.</i> ”
Bridge	Permanently fixed restoration that replaces one or more missing natural teeth.
Build Up	A restoration associated with a cast restoration, which replaces some, but not all, of the missing tooth structure coronal to the cemento-enamel junction; the buildup provides resistance and retention form for the subsequent cast restoration; also called Pin Amalgam Build Up (PABU) or Foundation.
Calculus	A hard deposit attached to the teeth, usually consisting of mineralized bacterial plaque.
Caries	An infectious microbiological disease that results in localized dissolution and destruction of the calcified tissues of the teeth. The diagnosis of dentinal caries is made by tactile sensation with light pressure on an explorer described as (1) a defect with a soft, sticky base, or (2) a defect that can be penetrated and exhibits definite resistance upon withdrawal of the explorer.
Cavity Preparation	Removal and shaping of diseased or weakened tooth tissue to allow placement of a restoration.
Cavosurface Margin	The line angle formed by the prepared cavity wall with the unprepared tooth surface; the margin is a continuous entity enclosing the entire external outline of the prepared cavity; also called the cavosurface line angle.
Cemento-enamel Junction	Line formed by the junction of the enamel and cementum of a tooth.
Centric Occlusion	That vertical and horizontal position of the jaws in which the cusps of the maxillary and mandibular teeth interdigitate maximally.
Centric Relation	That operator guided position of the jaws in which the condyles are in a rearmost and uppermost position in the fossae of the temporomandibular joint.
Contact Area	The area where two adjacent teeth approximate.
Convenience Form	The shape or form of a cavity preparation that allows adequate observation, accessibility, and ease of operation in preparing and restoring the cavity.

TERM	DEFINITION
Convergence	The angle of opposing cavity walls which, when projected in a gingival to occlusal direction, would meet at a point some distance occlusal to the occlusal or incisal surface.
Core	A restoration associated with a cast restoration which replaces ALL coronal tooth structure and is usually associated with a post of one type or another; the core provides resistance and retention form for the subsequent cast restoration.
Crown	Cast-metal restoration or porcelain restoration covering most of the surfaces of an anatomical crown.
Cusp (Functional)	Those cusps of teeth which by their present occlusion provide a centric stop which interdigitates with a fossa or marginal ridge of an opposing tooth/teeth.
Cusp (Non-Functional)	Those cusps of teeth which by their present occlusion DO NOT provide a centric stop which interdigitates with a fossa or marginal ridge of an opposing tooth/teeth.
Debris	Scattered or fragmented remains of the cavity preparation procedure; all debris should be thoroughly removed from the preparation before the restoration is placed.
Defective Restoration	Any dental restoration which is judged to be causing or is likely to cause damage to the remaining tooth structure if not modified or replaced.
Dentin	Calcified tissue surrounding the pulp and forming the bulk of the tooth.
Deposits--Subgingival	Deposits which are apical to the gingival margin.
Deposits--Supragingival	Deposits which are coronal to the gingival margin.
Divergence	The angle of opposing cavity walls which, when projected in an occlusal to gingival direction, would meet at a point some distance gingival to the crown of the tooth.
Embrasure	A "V" shaped space continuous with an interproximal space formed by the point of contact and the subsequent divergence of these contacting surfaces in an occlusal (incisal), gingival, facial or lingual direction.
Enameloplasty	The selected reshaping of the convolutions of the enamel surface (fissures and ridges) to form a more rounded or "saucer" shape to make these areas more clean able, finish able, and allow more conservative cavity preparation external outline forms.
Erosion	Abnormal dissolution of tooth substance by chemical substances; typically involves exposed cementum at the CEJ.
Exposure	<i>See "Pulp Exposure."</i>
Fissure	A developmental linear fault in the occlusal, buccal or lingual surface of a tooth, commonly the result of the imperfect fusion of adjoining enamel lobes.
Flash	Excess restorative material extruded from the cavity preparation extending onto the unprepared surface of the tooth.

TERM	DEFINITION
Foundation	See “ <i>Build Up.</i> ”
Gingival Recession	The visible apical migration of the gingival margin, which exposes the CE junction and root surface.
Gingival Wall	An internal cavity surface perpendicular to the long axis of the tooth near the apical or cervical end of the crown of the tooth or cavity preparation.
Gingivitis	Inflammation of the gingiva.
Glass Ionomer	Material containing polyacrylic acid and aluminosilicate glass that that can be used as restorative, lining or luting material.
Grainy	The rough, perhaps porous, poorly detailed surface of a material.
Ill-Defined	A cavity preparation which, while demonstrating the fundamentals of proper design, lacks detail and refinement in that design.
Infra-Occlusion	A tooth or restoration which lacks opposing tooth contact in centric when such contact should be present.
Interproximal Contact	The area of contact between two adjacent teeth; also called proximal contact.
Isthmus	A narrow connection between two areas or parts of a cavity preparation.
Keratinized Gingiva	In healthy mouths, this includes both the free marginal and attached gingiva which are covered with a protective layer of keratin; it is the masticatory oral mucosa which withstands the frictional stresses of mastication and toothbrushing; and provides a solid base for the movable alveolar mucosa for the action of the cheeks, lips and tongue.
Line Angle	The angle formed by the junction of two surfaces; in cavity preparations there can be internal and external line angles which are formed at the junction of two cavity walls.
Line of Draw	The path or direction of withdrawal or seating of a removable or cast restoration.
Liner	Typically, a material placed between dentin and a dental restoration to provide protection to the dentin and/or pulp. Examples of liners include Gluma, Vitrebond, Dycal and Cavitec.
Liner - Treatment	An appropriate dental material placed in deep portions of a cavity preparation to produce desired effects on the pulp such as insulation, sedation, stimulation of odontoblasts, bacterial reduction, etc.; also called therapeutic liner.
Long Axis	An imaginary straight line passing through the center of the whole tooth occlusoapically.
Marginal Deficiencies	Failure of the restorative material to properly and completely meet the cut surface of the cavity preparation; the marginal discrepancy does not exceed 0.5 mm, and the margin is sealed; may be either voids or under-contour.

TERM	DEFINITION
Marginal Excess	Restorative material which extends beyond the cavosurface margin of the cavity walls; marginal excess may or may not extend onto the unprepared surface(s) of the tooth; see also “ <i>over-contoured</i> ,” “ <i>flash</i> ,” “ <i>over-extension</i> .”
Mobility	The degree of looseness of a tooth.
Occluso-Axial Line Angle	In a casting preparation, the angle formed by the junction of the prepared occlusal and axial (lingual, facial, mesial, distal) surfaces.
Open Margin	A cavity margin or section of margin at which the restorative material is not tightly adapted to the cavity preparation wall(s); margins are generally determined to be open when they can be penetrated by the tine of a sharp dental explorer
Outline Form (External)	The external boundary or perimeter of the area of the tooth surface to be included within the outline or enamel margins of the finished cavity preparation.
Outline Form (Internal)	The internal details and dimensions of the finished cavity preparation.
Over-Contoured	Excessive shaping of the surface of a restoration so as to cause it to extend beyond the normal physiologic contours of the tooth when in health.
Over-Extension (Preparation)	The placement of final cavity preparation walls beyond the position required to properly restore the tooth as determined by the factors which necessitated the treatment.
Over-Extension (Restoration)	Restorative material which extends beyond the cavosurface margin of the cavity walls; marginal excess may or may not extend onto the unprepared surface(s) of the tooth; see also “ <i>Over-Contoured</i> ,” “ <i>Flash</i> ,” “ <i>Marginal Excess</i> .”
Overhang (Restoration)	The projection of restorative material beyond the cavosurface margin of the cavity preparation but which does not extend on to the unprepared surface of the tooth; also, the projection of a restoration outward from the nominal tooth surface; see also “ <i>Flash</i> .”
Path of Insertion	The path or direction of withdrawal or seating of a removable or cast restoration; see “ <i>Line of Draw</i> .”
Periapical	Area around the root end of a tooth.
Periodontitis	Inflammation of the supporting tissues of the teeth; usually a progressively destructive change leading to loss of bone and periodontal ligament; an extension of inflammation from gingiva into the adjacent bone and ligament.
Pits (Surface)	Small voids on the polished surface (but not at the margins) of a restoration.
Polishing (Restoration)	The act or procedure of imparting a smooth, lustrous, and shiny character to the surface of the restoration
Pontic	The suspended portion of a fixed bridge that replaces the lost tooth or teeth.

TERM	DEFINITION
Porous (Restoration)	To have minute orifices or openings in the surface of a restoration which allow fluids or light to pass through.
Provisional Restoration	Any restoration, which by its intent, is placed for a reduced period of time or until some event occurs; any restorative material can be placed as a provisional restoration; it is only the intent or the restoration and not the material which determines the provisional status.
Pulp Cap (Direct)	The technique of placing a base (usually a calcium hydroxide material) over the exposed pulp to promote reparative dentin formation and the formation of a dentinal bridge across the exposure; the decision to perform a pulp cap or endodontics and the success of the procedure is determined by the conditions under which the pulp was exposed.
Pulp Cap (Indirect)	The technique of deliberate incomplete caries removal in deep excavation to prevent frank pulp exposure followed by basing of the area with a calcium hydroxide material to promote reparative dentin formation; the tooth may or may not be re-entered in 6-8 weeks to remove the remaining dentinal caries.
Pulp Exposure (Carious)	The frank exposure of the pulp through clinically carious dentin.
Pulp Exposure (General)	The exposure of the pulp chamber or former pulp chamber of a tooth with or without evidence of pulp hemorrhage.
Pulp Exposure (Irreparable)	Generally, a pulp exposure in which most or all of the following conditions apply: the exposure is greater than 0.5 mm; the tooth had been symptomatic; the pulp hemorrhage is not easily controlled; the exposure occurred in a contaminated field; the exposure was relatively traumatic.
Pulp Exposure (Mechanical) (Unwarranted)	The frank exposure of the pulp through non-carious dentin caused by operator error, misjudgment, pulp chamber aberration, etc.
Pulp Exposure (Reparable)	Generally, a pulp exposure in which most or all of the following conditions apply: the exposure is less than 0.5 mm; the tooth had been asymptomatic; the pulp hemorrhage is easily controlled; the exposure occurred in a clean, uncontaminated field; the exposure was relatively atraumatic.
Pulpal Wall	An internal cavity surface perpendicular to the long axis of the tooth; also pulpal floor.
Pulpoaxial Line Angle	The line angle formed by the junction of the pulpal wall and axial wall of a prepared cavity.
Pulpotomy	The surgical amputation of the vital dental pulp coronal to the cemento-enamel junction in an effort to retain the radicular pulp in a healthy, vital state.
Resistance Form	The features of a tooth preparation that enhance the stability of a restoration and resist dislodgement along an axis other than the path of placement.

TERM	DEFINITION
Retention Form	The feature of a tooth preparation that resists dislodgment of a crown in a vertical direction or along the path of placement.
Root Planing	A definitive treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with calculus, or contaminated with toxins or microorganisms.
Scaling	Instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces.
Surface Sealant Composite Resin Restoration Coating	After polishing, the application of the unfilled resin (bonding agent) of the composite resin system to the surface of the restoration to fill porosities or voids in the body of the restoration or at the margins or to provide a smooth surface to the restoration followed by curing.
Sealers	Cavity sealers provide a protective coating for freshly cut tooth structure of the prepared cavity; Varnish: A natural gum, such as copal rosin, or a synthetic resin dissolved in an organic solvent, such as acetone, chloroform, or ether; examples include Copalite, Plastodont, Varnish, and Barrier; Resin Bonding Agents: Include the primers and adhesives of dentinal and all-purpose bonding agents; examples include All-Bond 2, Scotchbond MP+, Optibond, ProBond, Amalgambond, etc.
Shade (Restoration)	The color of a restoration, as defined by hue, value, and chroma which is selected to match as closely as possible the natural color of the tooth being restored.
Shoulder Preparation	A shelf cut around the tooth as for a porcelain jacket crown.
Sound Tooth Structure	Enamel that has not been demineralized or eroded; it may include proximal decalcification that does not exceed ½ the thickness of the enamel and cannot be penetrated by an explorer
Stain - Extrinsic	Stain which forms on and can become incorporated into the surface of a tooth after development and eruption; these stains can be caused by a number of developmental and environmental factors.
Stain - Intrinsic	Stain which becomes incorporated into the internal surfaces of the developing tooth; these stains can be caused by a number of developmental and environmental factors.
Sonic Scaler	An instrument tip attached to a transducer through which high frequency current causes sonic vibrations (approximately 6,000 cps). These vibrations, usually accompanied by the use of a stream of water, produce a turbulence which in turn removes adherent deposits from the teeth.
Sterilization	A heat or chemical process to destroy microorganisms.

TERM	DEFINITION
Supra-Occlusion	A tooth or restoration which has excessive or singular opposing tooth contact in centric or excursions when such contact should not be present and should be balanced with the other contacts in the quadrant or arch.
Taper	To gradually become more narrow in one direction
Temporary Restoration	See " <i>Provisional Restoration.</i> "
Tissue Trauma	Unwarranted iatrogenic damage to extra/intraoral tissues resulting in significant injury to the patient such as lacerations greater than 3.0 mm, burns, amputated papilla, or large tissue tags.
Ultrasonic Scaler	An instrument tip attached to a transducer through which high frequency current causes ultrasonic vibrations (approximately 30,000 cps); these vibrations, usually accompanied by the use of a stream of water, produce a turbulence which in turn removes adherent deposits from the teeth.
Uncoalesced	The failure of surfaces to fuse or blend together such as the lobes of enamel resulting in a tooth fissure.
Under-Contoured	Excessive removal of the surface of a restoration so as to cause it to be reduced beyond the normal physiologic contours of the tooth when in health.
Undercut	Feature of tooth preparation that retains the intra-coronal restorative material; an undesirable feature of tooth preparation for an extra-coronal restoration.
Under-Extension (Preparation)	Failure to place the final cavity preparation walls at the position required to properly restore the tooth as determined by the factors which necessitated the treatment.
Under-Extension (Restoration)	Restorative material which fails to extend to the cavosurface margin of the cavity walls thereby causing exposure of the prepared cavity wall.
Undermined Enamel	During cavity preparation procedures, an enamel tooth surface (particularly enamel rods) which lacks dentinal support; also called unsupported enamel.
Unsound Marginal Enamel	Loose or fragile cavosurface enamel that is usually discolored or demineralized, which can be easily removed with hand instruments when mild to moderate pressure is applied.
Varnish	See " <i>Sealers.</i> "
Void(s)	An unfilled space within the BODY of a restoration or at the restoration margin which may or may not be present at the external surface and therefore may or may not be visible to the naked eye.

PART VIII MODIFICATION REQUESTS

The concept of ideal cavity form is basic to the tenants of dental education and as such should be familiar to all candidates for licensure in dentistry. The criteria established by CITA for evaluation of cavity preparations in the restorative sections, are based upon the candidate's preparation of an ideal cavity design for retention and resistance form. In the situation where the candidate contemplates that extension of the cavity preparation beyond ideal is necessary for complete removal of caries, the candidate should first prepare the cavity to ideal form and then submit a Modification Request to the Grading area, **BEFORE** extending the cavity preparation beyond ideal.

The Modification Request Form utilized to communicate with the Grading Station must be completed in its entirety. In the "Candidate Identification" box on the Modification Request Form, if a barcode label is not preprinted, the candidate must place a barcode label in the box. On the form, the candidate must denote whether this is the first, or a subsequent Modification Request, and whether it is for the amalgam or composite procedure. The Modification Request must be specific and denote:

1. "Type" of modification, Will it be made to the Internal or External Form ?
2. "Where" the modification of the preparation from ideal will occur,
3. "Why" the modification from ideal is required, (i.e. caries, undermined enamel)
4. "How Much" modification from ideal will occur. (Specifically .25mm to 2.0mm)


If the Modification Request Form is not properly completed in its entirety, it will be returned to the candidate for completion, and a penalty will be assessed.

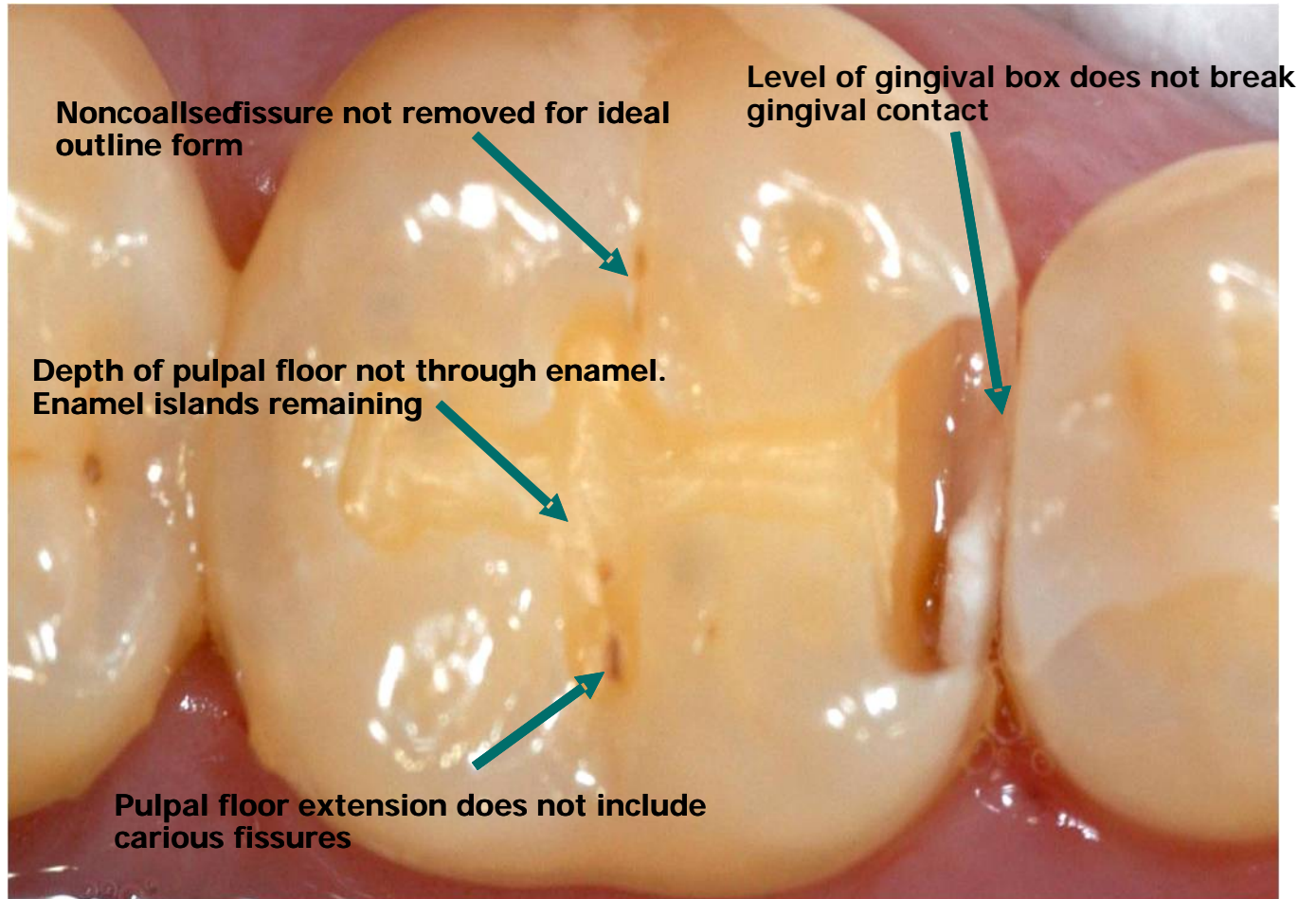
The candidate must take the preparation to ideal form prior to submission for a Modification request. If the preparation is not taken to ideal form and a modification request is submitted to the Grading Station, the Modification Request will be denied and the Modification Request Form will be returned to the candidate with instructions that "cavity preparation must be taken to ideal before submission for a modification request," and a penalty will be assessed to the candidate.

For demonstration purposes on the following pages there is one illustration of an incorrect modification request scenario and correct modification request scenario. Candidates should consult the candidate presentations on the CITA website (www.citaexam.com) for further discussion and examples of modification requests.

Example One

Modification Request Form submitted to the Grading Station requesting a modification from ideal to remove remaining caries present on the gingival floor of the proximal box.

Modification Request Form			
<div style="border: 2px solid #0070C0; padding: 5px; min-height: 60px;">CANDIDATE IDENTIFICATION NUMBER</div>		Candidate #	Unit #
		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
		Time In: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/>	Time Out: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/>
		<input type="checkbox"/> Instructions to Candidate Form	
		Time In: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/>	Time Out: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/>
<input type="checkbox"/> 1st Request <input type="checkbox"/> 2nd Request <input type="checkbox"/> 3rd Request			
<input type="checkbox"/> Class II Preparation		<input type="checkbox"/> Class III 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:	External		
Where:	Outline of Gingival Floor of Proximal Box		
Why:	Remaining Caries		
How Much:	.5mm		
Granted:	<input style="width: 20px; height: 20px;" type="text"/>	Not Granted:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	Grader #1	Grader #1	Grader #2
2. Type:	Internal		
Where:	Axial Wall and Gingival Floor of the Proximal Box		
Why:	Remaining Caries		
How Much:	.5mm		
Granted:	<input style="width: 20px; height: 20px;" type="text"/>	Not Granted:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	Grader #1	Grader #1	Grader #2
3. Type:	External		
Where:	Occlusal Outline		
Why:	Caries remain in fissures		
How Much:	1.0 mm		
Granted:	<input style="width: 20px; height: 20px;" type="text"/>	Not Granted:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	Grader #1	Grader #1	Grader #2
Time Stamp (CITA use ONLY!)			



**Incorrect Modification Request
(Not at Ideal Prep Stage)**


Clinical evaluation of the preparation reveals that while caries is present on the floor of the gingival box, and all defective fissures have not been removed from the outline form, the preparation has not been taken to ideal preparation stage based upon the following:

- a. Depth of Pulpal floor is not through the enamel
- b. Outline extension and Pulpal floor extension does not include carious fissures
- c. Level of gingival box floor does not break gingival contact.

This Modification Request would be rejected with a notation made on an Instructions to Candidate Form that the candidate should take the initial cavity preparation to ideal before submission for modification request.

Example Two

Modification Request Form submitted to the Grading Station requesting a modification from ideal to remove remaining caries present on the axio gingival line angle and the axial wall of the proximal box.

Modification Request Form			
<div style="border: 2px solid #0070C0; padding: 5px; min-height: 60px;">CANDIDATE IDENTIFICATION NUMBER</div>		Candidate # <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Unit # <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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.		Time In: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> Time Out: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> Instructions to Candidate Form
<input type="checkbox"/> 1st Request <input type="checkbox"/> 2nd Request <input type="checkbox"/> 3rd Request		Time In: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> Time Out: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/>	Time Stamp (CITA use ONLY!)
<input type="checkbox"/> Class II Preparation		<input type="checkbox"/> Class III 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: Internal Where: Gingivo Axial Line Angle Why: Remaining Caries How Much: .25 mm	Granted: <input style="width: 40px; height: 20px;" type="text"/> <small>Grader #1</small>	Not Granted: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <small>Grader #1 Grader #2</small>
2.	Type: Where: Why: How Much:	Granted: <input style="width: 40px; height: 20px;" type="text"/> <small>Grader #1</small>	Not Granted: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <small>Grader #1 Grader #2</small>
3.	Type: Where: Why: How Much:	Granted: <input style="width: 40px; height: 20px;" type="text"/> <small>Grader #1</small>	Not Granted: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <small>Grader #1 Grader #2</small>



**Correct Modification Request
(Ideal Prep Stage)**

This modification request would be approved and the candidate would proceed with the removal of the remaining caries as indicated on the Modification Request Form. Note, the candidate should not remove more tooth structure than approved in the Modification Request. Should additional removal of tooth structure be indicated, the candidate must submit an additional Modification Request, BEFORE proceeding with the additional removal of tooth structure.

PART IX RESTORATIVE EXAMINATION CRITERIA

CLASS II PREPARATION

EXTERNAL OUTLINE FORM

PROXIMAL CLEARANCE

Satisfactory

Proximal clearance at the height of contour is visibly open; but proximal clearance does not exceed 1.5 mm, on either one or both proximal walls.

Unsatisfactory

- a) The proximal contact is not visibly open on either one or both proximal walls.
- b) The proximal clearance at the height of contour extends beyond 1.5 mm.

Can have "a" & "b" as grade

EXTERNAL OUTLINE FORM

GINGIVAL CLEARANCE

Satisfactory

Gingival contact is visibly open but gingival clearance is less than 1.5 mm.

Unsatisfactory

- a) The gingival contact is not visibly open.
- b) The gingival clearance is greater than 1.5 mm.

Can have "a" and "b"

CLASS II PREPARATION

EXTERNAL OUTLINE FORM

ISTHMUS

Satisfactory

The isthmus width must be at least 1.0 mm but not greater than 1/2 the intercuspal width.

Unsatisfactory

- a) The isthmus width is less than 1.0 mm.
- b) The isthmus width is greater than ½ the intercuspal width and/or undermines the remaining cusps and/or marginal ridge.

EXTERNAL OUTLINE FORM

CAVOSURFACE MARGIN

Satisfactory

The external cavosurface margin provides for adequate dimension of restorative material. There are no gingival bevels. The gingival floor is flat, smooth and perpendicular to the long axis of the tooth.

Unsatisfactory

- a) The external cavosurface margin does not provide for adequate dimension of restorative material and is likely to jeopardize the longevity of the tooth or restoration. There are areas of unsupported enamel which would make the restoration unserviceable.
- b) The gingival floor is not flat, smooth and perpendicular to the long axis of the tooth and/or has a gingival bevel.

CLASS II PREPARATION

EXTERNAL OUTLINE FORM

OUTLINE SHAPE EXTENSION/SOUND MARGINAL TOOTH STRUCTURE

Satisfactory

The outline form includes all carious and non-coalesced fissures, is smooth, rounded and flowing; or is slightly inappropriately over-extended so that it minimally compromises the remaining marginal ridge and/or cusp(s), but the restoration will still be serviceable. The cavosurface margin terminates in sound natural tooth structure.

Unsatisfactory

- a) The outline form is under-extended leaving non-coalesced fissure(s) which extend to the DEJ; or terminates in remaining restorative material.
- b) The outline form is over-extended leaving the remaining marginal ridge and/or cusp(s) unsupported and/or the remaining marginal ridge is less than 1.0 mm in width.

INTERNAL FORM

AXIAL WALLS

Satisfactory

The axial wall is entirely in dentin and is less than 1.5 mm beyond the DEJ. Small islands of enamel may remain.

Unsatisfactory

- a) The axial wall is predominantly in enamel.
- b) The axial wall is extended more than 1.5 mm beyond the DEJ.

Can have “a” and “b” as grade for MOD prep

CLASS II PREPARATION

INTERNAL FORM

PULPAL FLOOR

Satisfactory

The pulpal floor is entirely in dentin, is smooth, flat and perpendicular to the long axis of the tooth and is no more than 1.5 mm beyond the DEJ. Small enamel islands may remain.

Unsatisfactory

- a) The pulpal floor is predominantly in enamel.
- b) The pulpal floor is more than 1.5 mm beyond the DEJ and/or is not smooth, flat and perpendicular to the long axis of the tooth.

INTERNAL FORM

PROXIMAL BOX WALLS

Satisfactory

The walls of the proximal box should be at least parallel to convergent occlusally and meet the external surface at a 90 degree angle so that minimal retention exists to prevent displacement of the restoration.

Unsatisfactory

The walls of the proximal box diverge occlusally, which offers no retention and will jeopardize the longevity of the tooth and/ or the restoration.

CLASS II PREPARATION

Critical Errors

- 0** Wrong tooth/surface treated.
- 0** Unrecognized exposure; unjustified exposure; or inappropriately treated exposure.
- 0** Retention, when used, grossly compromises the tooth or restoration. Features are misplaced, and compromise the tooth or restoration.
- 0** Caries remain within or contiguous with the preparation which is explorer penetrable
- 0** There is gross damage to the adjacent tooth/teeth to the extent that correction would change the interproximal shape, contour and/or contact; or the damage would require a restoration to be placed.
- 0** There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.
- 0** There is gross mutilation of the tooth structure.
- 0** The initial qualifying carious lesion has not been engaged by the candidate in the development of the initial ideal preparation, such that caries remains in proximity to the preparation which is either visually or radiographically apparent.

CLASS II RESTORATION

MARGIN INTEGRITY AND SURFACE FINISH

MARGIN EXCESS/DEFICIENCY

Satisfactory

No significant marginal excess or deficiency is explorer detectable at the restoration-tooth interface. There is no evidence of open margins.

Unsatisfactory

- a) Pits and voids exist at the restoration-tooth interface; or there is evidence of an open margin or marginal deficiency greater than 1.0 mm.
- b) There is evidence of marginal excess of greater than 1.0 mm; or there is evidence of an overhang which is explorer detectable.

MARGIN INTEGRITY AND SURFACE FINISH

SURFACE FINISH

Satisfactory

The surface of the restoration is uniformly smooth to slightly rough and either free of pits and voids; or exhibits slight surface irregularities, including minor pits or voids.

Unsatisfactory

The surface is excessively rough; and/or contains significant pits or voids.

CLASS II RESTORATION

CONTOUR, CONTACT AND OCCLUSION

INTERPROXIMAL CONTACT

Satisfactory

The interproximal contact is present and the contact is visually closed and properly shaped and positioned; there is definite, but not excessive, resistance to waxed dental floss when passed through the interproximal contact area.

Unsatisfactory

- a) The interproximal contact is visually open.
- b) The interproximal contact is improperly formed; and/or shreds floss.

CONTOUR, CONTACT AND OCCLUSION

CENTRIC/EXCURSIVE CONTACTS

Satisfactory

Centric and excursive contacts on the restoration are consistent in size, shape and intensity with such contacts on other teeth in that quadrant; or in slight hyper-occlusion which can be corrected with minor adjustment.

Unsatisfactory

There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.

CLASS II RESTORATION

CONTOUR, CONTACT AND OCCLUSION

ANATOMY/CONTOUR

Satisfactory

The restoration reproduces the normal physiological proximal contours of the tooth, occlusal anatomy and marginal ridge anatomy.

Unsatisfactory

The restoration does not reproduce the normal physiological proximal contours, occlusal anatomy and marginal ridge anatomy of the tooth, and may be expected to adversely affect the tissue health.

Critical Errors

- 0 Restoration is not cured and/or adherent to preparation walls
- 0 There is a fractured and/or dislodged restoration requiring replacement.
- 0 There is damage to the treated tooth that requires further restoration.
- 0 There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissues.
- 0 There is gross iatrogenic damage to the soft tissue that is inconsistent with the procedure and pre-existing condition of the soft tissue.
- 0 The initial qualifying carious lesion has not been engaged by the candidate in the development of the initial ideal prep state, or placement of the subsequent restoration, such that caries remains in proximity to the restoration which is either visually or radiographically apparent.

PART V

CLASS III PREPARATION

EXTERNAL OUTLINE FORM

OUTLINE EXTENSION

Satisfactory

The outline form provides adequate access for complete removal of caries; the facial cavosurface margin, if broken, may extend no more than 1.0 mm beyond the contact area.

Unsatisfactory

- a) The outline form is not of adequate size to allow for complete removal of all caries and/or is under-extended providing inadequate retention.
- b) The facial cavosurface margin extends more than 1.0 mm beyond the contact area; or the entry surface is grossly over-extended based upon the requirements for caries excavation.

EXTERNAL OUTLINE FORM

GINGIVAL CLEARANCE

Satisfactory

The gingival contact is broken but gingival clearance is less than 1.0 mm. The incisal contact need not be broken, unless indicated by the location of the caries.

Unsatisfactory

- a) Gingival contact is not broken.
- b) The gingival clearance is greater than 1.0 mm and is over-prepared relative to the extent of existing caries.

CLASS III PREPARATION

EXTERNAL OUTLINE FORM

MARGIN SMOOTHNESS/CONTINUITY BEVELS

Satisfactory

The cavosurface margins form a smooth continuous curve with no sharp angles; or are slightly irregular. Enamel cavosurface margins may be beveled, and if present, bevels do not exceed 1.0 mm in width.

Unsatisfactory

- a) The cavosurface margin is severely irregular and/or rough.
- b) Enamel cavosurface margin bevels, if present, exceed 1.0 mm in width; or are inappropriate for the size of the restoration.

Can have “a” or “b” as a grade

EXTERNAL OUTLINE FORM

SOUND MARGINAL TOOTH STRUCTURE

Satisfactory

The cavosurface margin terminates in sound natural tooth structure which consists of enamel adequately supported by underlying dentin.

Unsatisfactory

There are large and/or multiple areas of unsupported enamel.

CLASS III PREPARATION

INTERNAL FORM

AXIAL WALLS

Satisfactory

The axial wall is either entirely in dentin or exhibits small islands of enamel and the depth is no more than 1.5 mm from the DEJ.

Unsatisfactory

- a) The axial wall remains predominantly in enamel.
- b) The depth of the axial wall is more than 1.5 mm beyond the DEJ.

INTERNAL FORM

SMOOTHNESS

Satisfactory

All internal prepared surfaces are either smooth and well-defined; or only slightly rough and irregular.

Unsatisfactory

The internal walls are significantly rough and irregular.

CLASS III PREPARATION

Critical Errors

- 0** Wrong tooth/surface treated.
- 0** Unrecognized exposure; unjustified exposure; or inappropriately treated exposure.
- 0** Caries remain within or contiguous to the preparation which is explorer penetrable and/or clinically visible.
- 0** There is gross damage to the adjacent tooth/teeth to the extent that correction would change the interproximal shape, contour and/or contact; or the damage would require a restoration to be placed.
- 0** There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.
- 0** The incisal cavosurface margin is over-extended so that the incisal angle is removed, undermined, and/or fractured; or there is gross mutilation of the tooth structure that is excessive and/or encroaches on the pulp.
- 0** The initial qualifying carious lesion has not been engaged by the candidate in the development of the initial ideal prep state, such that caries remains in proximity to the preparation which is either visually or radiographically apparent.

PART V

CLASS III RESTORATION

MARGIN INTEGRITY AND SURFACE FINISH

MARGIN EXCESS/DEFICIENCY

Satisfactory

No significant marginal excess or deficiency is explorer detectable at the restoration-tooth interface. There is no evidence of an open margin(s).

Unsatisfactory

- a) Pits and voids exist at the restoration-tooth interface; or there is evidence of an open margin or marginal deficiency greater than 1.0 mm.
- b) There is evidence of a marginal excess of greater than 1.0 mm; or there is evidence of an overhang that is explorer detectable

MARGIN INTEGRITY AND SURFACE FINISH

SURFACE FINISH

Satisfactory

The surface of the restoration is either uniformly smooth and free of pits and voids; or is slightly rough exhibiting minor surface irregularities, pits or voids.

Unsatisfactory

The surface is excessively rough; and/or contains significant pits or voids.

CLASS III RESTORATION

CONTOUR, CONTACT AND OCCLUSION

INTERPROXIMAL CONTACT

Satisfactory

The interproximal contact is present; the contact is visually closed and is properly shaped and positioned; there is definite, but not excessive, resistance to waxed dental floss when passed through the interproximal contact area.

Unsatisfactory

- a) The interproximal contact is visually open.
- b) The interproximal contact is improperly formed and/or shreds floss; and/or does not allow floss to pass through the contact area.

CONTOUR, CONTACT AND OCCLUSION

CENTRIC/EXCURSIVE CONTACTS

Satisfactory

Centric and excursive contacts on the restoration are consistent in size, shape and intensity with such contacts on other teeth in that sextant; or in slight hyper-occlusion which can be corrected with minor adjustment.

Unsatisfactory

There is gross hyper-occlusion so that the restoration is the only point of occlusion in that sextant.

CLASS III RESTORATION

CONTOUR, CONTACT AND OCCLUSION

ANATOMY/CONTOUR

Satisfactory

The restoration reproduces the normal physiological anatomy and proximal contours of the tooth.

Unsatisfactory

The restoration does not reproduce the normal physiological anatomy and proximal contours of the tooth and would be expected to adversely affect the tissue health.

Critical Errors

- 0 Restoration is not cured and/or adherent to preparation walls.
- 0 There is a fractured and/or dislodged restoration requiring replacement.
- 0 There is damage to the treated tooth that requires further restoration.
- 0 There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissues.
- 0 There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.
- 0 The initial qualifying carious lesion has not been engaged by the candidate in the development of the initial ideal prep state, or placement of the subsequent restoration, such that caries remains in proximity to the restoration which is either visually or radiographically apparent.

