

# MODIFICATION REQUEST FORM

Cubicle #:

Candidate Sequential:  
**PLACE ID LABEL HERE**

Test Site: \_\_\_\_\_

Place ID label above. If you do not have a ID label, write in the corresponding numbers from your ID card on the lines above.

**Restorative**

- Amalgam Prep
- Composite Prep

Tooth #: \_\_\_\_\_ Surface: \_\_\_\_\_

I certify that I have prepared the tooth to at least acceptable dimensions and all preexisting restorative material, if present, has been removed.

Candidate Initials: \_\_\_\_\_ Time: \_\_\_\_\_ : \_\_\_\_\_ CFE#:

### Modification Request #1

What: \_\_\_\_\_

Where: \_\_\_\_\_

How Much: \_\_\_\_\_

Why: \_\_\_\_\_

No Request

Granted

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Not Granted

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Document: \_\_\_\_\_

### Modification Request #2

What: \_\_\_\_\_

Where: \_\_\_\_\_

How Much: \_\_\_\_\_

Why: \_\_\_\_\_

No Request

Granted

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Not Granted

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Document: \_\_\_\_\_

### Modification Request #3

What: \_\_\_\_\_

Where: \_\_\_\_\_

How Much: \_\_\_\_\_

Why: \_\_\_\_\_

No Request

Granted

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Not Granted

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Document: \_\_\_\_\_

### Modification Request #4

What: \_\_\_\_\_

Where: \_\_\_\_\_

How Much: \_\_\_\_\_

Why: \_\_\_\_\_

No Request

Granted

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Not Granted

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Document: \_\_\_\_\_