Lesion Approval

Patient's Name: ________________________________________________________

Assistant's Name: ______________________________________________________

Candidate: Check Type of Restoration and Circle Tooth Number

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ACCESS: Lingual    Facial

Replacing Existing Restoration?  □ Yes  □ No

Candidate Affirms Contact is Closed At Initial Submission  □ Yes

ANESTHETIC RECORD

If a local anesthetic were to be used on this patient you would provide:

- Type(s) of Injection (Infiltration/Block):
- Anesthetic(s) (Brand/Generic Name):
- Quantity of Anesthetic (cc) Expected to use:
- Vasoconstrictor (Concentration):

Has the patient previously received anesthetic the same day?  □ Yes  □ No

Approval for Initial Anesthetic

Examiner #:

Additional Anesthesia - Anesthetic and Dose:

Approval for Additional Anesthetic

Examiner #:

For this Procedure: Quantity of Anesthetic (cc) Actually Used

PRE-TREATMENT MEDICATION (if required)

Medication(s) (Brand/Generic Name)

Dosage/When Taken

LINER

Candidate Request for Liner  □

By checking this box I am requesting approval for a liner

First examiner # requesting liner

Reviewed by Express Chair if NOT ACCEPTABLE

Candidate notes/comments to examiners (this is not a Modification Request). Candidate: please number each comment. If back side is used, so note. CFE: place examiner #, initials and time after each comment. Examiners: please enter your examiner # after reading comments.