



## Factors for Successful Crowns Study

### Data Collection Form 1: Tooth Preparation

#### Section 1 – Before Impression

Today's Date: |\_\_|\_|\_|/|\_\_|\_|\_|/|\_2\_|\_0\_|\_1\_|\_|\_|  
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1. **Tooth #:** |\_\_|\_|\_|
2. Estimate the deepest margin of the preparation: **(Check one only)**
  - Above the crest of the gingival tissue
  - At the crest of the gingival tissue
  - 1 mm below the gingival tissue
  - 2 mm below the gingival tissue
  - 3 mm or more below the gingival tissue
3. What is the primary reason for crowning this tooth? **(Check one only)**
  - Active caries (primary or recurrent)
  - Endodontic therapy
  - Large restoration
  - Broken or defective restoration
  - Broken, fractured, or cracked tooth
  - Esthetics
  - Change vertical dimension
  - Abutment for a removable partial denture (RPD) or other prosthesis
  - Other, please specify: \_\_\_\_\_
4. Characterize the finish line: **(Check one only)**
  - Chamfer or heavy chamfer
  - Shoulder
  - Shoulder with bevel
  - Knife edge
  - Other, please specify: \_\_\_\_\_
5. Characterize the mobility of this tooth: **(Check one only)**
  - Physiologic:  $\leq$  1 mm horizontal movement
  - Moderate:  $>$  1 mm but  $<$  2 mm horizontal movement
  - Severe:  $\geq$  2 mm horizontal movement or vertical displacement



6. Has this tooth been treated endodontically?
- Yes  
 No
7. Does this tooth have a foundation or build-up that involves more than ½ the crown volume?
- Yes  
 No
8. Are there teeth adjacent to the tooth being crowned? (**Check all that apply**)
- Tooth has a mesial contact  
 Tooth has a distal contact  
 Tooth has no proximal contact
9. What is directly opposing the study crown in the opposite arch? (**Check all that apply**)
- Natural tooth  
 Fixed crown or bridge  
 Removable partial denture (RPD)  
 Full denture  
 Nothing
10. Will the study crown have contact with a removable partial denture (RPD) in the same arch or be involved with a clasp or rest from an RPD in the same arch?
- Yes  
 No
11. From your perspective, rate the level of the patient's esthetic expectations for this restoration: (**Check one only**)
- Extremely important  
 Very important  
 Somewhat important  
 Not important



## Section 2 – After Impression

12. Please describe your impression technique for this tooth: **(Check one only)**

- Quadrant tray
- Full arch
- Triple tray (dual arch)
- Optical
- Other, please specify: \_\_\_\_\_

13. Please describe your retraction technique: **(Check all that apply)**

- None
- Single cord
- Dual cord
- Injectable retraction material (e.g., Expasyl)
- Dual impression (wash) technique
- Gingival troughing (e.g., electrical or laser tissue removal)
- Retraction cotton cap
- Other, please specify: \_\_\_\_\_

14. What impression material/technique was used? **(Check one only)**

- Polyvinylsiloxane (PVS)
- Polyether
- Optical impressions (digital or CAD-CAM)
- Hydrocolloid (or alginate)
- Other, please specify: \_\_\_\_\_

15. Who made the final impression? **(Check one only)**

- You, who prepared the tooth
- Another dentist who did not prepare the tooth
- An assistant or staff member
- Other, please specify: \_\_\_\_\_

16. Rate hemostasis during impression: **(Check one only)**

- No bleeding at impression
- Minor bleeding noted
- Bleeding obvious at impression

17. Who made the temporary for the crown? **(Check one only)**

- You, who prepared the tooth
- Another dentist who did not prepare the tooth
- An assistant or staff member
- Other, please specify: \_\_\_\_\_

Pre-printed SID number



18. What was used to record the inter-arch occlusion? **(Check one only)**

- Dual-arch impression (triple tray)
- PVS injectable material (e.g., Regisil or BluMouse)
- Wax
- Hand articulation
- Optical registration
- Other, please specify: \_\_\_\_\_

19. Rate the difficulty in making the impression today: **(Check one only)**

- Very difficult
- Difficult
- Not difficult

20. How many impressions did you make today to get one that was acceptable? **(Check one only)**

- One
- Two
- Three or more

21. Check any factors that may have made the impression more difficult or caused you to remake the impression: **(Check all that apply)**

- Hemorrhage/bleeding
- Deep margins
- Patient gagging
- Excessive saliva
- Limited opening or access
- Patient anxiety
- Patient muscle control or cooperation
- Other, please specify: \_\_\_\_\_

22. Who selected the shade for this crown? **(Check all that apply)**

- Dentist, who prepared the tooth
- An assistant
- Laboratory technician
- Patient
- Other, please specify: \_\_\_\_\_

\_\_\_\_\_  
Practitioner Signature

Date: |\_\_|\_|/|\_\_|\_|/| **2** | **0** | **1** |\_\_|\_|  
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