

## Factors for Successful Crowns Study

### Data Collection Form 2: Insertion

#### Section 1 – Preliminary Questions Before the Clinical Try-In Visit

**Please answer questions 1–5 before trying the crown in the patient’s mouth**

Today's Date: |\_\_|\_|\_|/|\_\_|\_|\_|/|\_2\_|\_0\_|\_1\_|\_|\_|  
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1. Overall, what is your assessment of the **fit of the crown on the die?** (*Check one only*)
  - Excellent
  - Good
  - Acceptable
  - Unacceptable (crown fails)
  - N/A (optical impression or no die)
  
2. Overall, what is your assessment of the **occlusion on the working cast?** (*Check one only*)
  - Excellent
  - Good
  - Acceptable
  - Unacceptable (crown fails)
  - N/A (optical impression or no die)
  
3. Overall, what is your assessment of the crown’s **proximal contacts on the working cast?** (*Check one only*)
  - Excellent
  - Good
  - Acceptable
  - Unacceptable (crown fails)
  - N/A (optical impression or no die)
  
4. What material was selected for this crown? (*Check one only*)
  - Porcelain-fused-to-metal (PFM)
  - All-zirconia crown (e.g., Bruxzir)
  - Layered zirconia crown (e.g., LAVA; zirconia core with porcelain overlay; PFZ)
  - Lithium disilicate (e.g., eMax)
  - Leucite reinforced glass ceramic (e.g., Empress)
  - Other, please specify: \_\_\_\_\_
  
5. Overall, is this crown **acceptable enough to warrant a clinical try-in?**
  - Yes (If Yes, then please proceed to Section 2)
  - No (**If No, skip to Question 16-page 4**)

## Section 2 – Clinical Try-In Questions

6. Did the patient return for adjustments to the temporary crown between the preparation and insertion appointments?
- Yes  
 No
7. Was the **temporary in place for the entire time** between preparation and insertion?
- Yes  
 No
8. Is the crown clinically acceptable?
- Yes  
 No (If No, skip to Question 16, page 4)
9. Overall, after adjustments, what is your assessment of the **crown's fit** on the tooth?
- Excellent  
 Good  
 Acceptable
10. Overall, after adjustments, what is your assessment of the **marginal fit** of the crown?
- Excellent  
 Good  
 Acceptable
11. Overall, after adjustments, what is your assessment of the **proximal fit** of the crown?
- Excellent  
 Good  
 Acceptable
12. Overall, after adjustments, what is your assessment of the **occlusion** of the crown?
- Excellent  
 Good  
 Acceptable
13. Overall, after adjustments, what is your assessment of the **esthetics** of the crown?
- Excellent  
 Good  
 Acceptable

14. From your perspective, rate the level of the patient's esthetic expectations for this restoration:

- Extremely important
- Very important
- Somewhat important
- Not important

15. What cement are you using? (**Check one only**)

- Resin-modified glass ionomer
- Resin (light cured or self-cure)
- Zinc phosphate
- Glass ionomer
- Self-adhesive cement
- Other, please specify: \_\_\_\_\_

**END HERE FOR ACCEPTABLE CROWNS**

## Section 3 – Unacceptable Crowns

(Complete this section only if you answered **No** to Question 5 or Question 8)

16. What was the **primary** reason the crown was rejected? (**Check one only**)

- Marginal misfit and/or open margins
- Esthetics and/or shade mismatch
- The crown not fitting the tooth, including rocking and spinning
- Occlusal errors
- Proximal misfit, including open contacts
- Porcelain chipping or fracture during try-in
- Poor crown contours
- Poor occlusal anatomy
- Lab failed to follow Rx; e.g. wrong material
- Other, please specify: \_\_\_\_\_

17. What do you believe is the *main reason* the crown did not work? (**Check one only**)

- Distorted impression
- Inadequate mounting
- Inadequate occlusal record or bite registration
- Color mismatch
- Die trimmed improperly
- Marginal impression error
- Lab error
- Preparation under-reduced or other preparation errors
- Other, please specify: \_\_\_\_\_

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

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