



Factors for Successful Crowns Study

Data Collection Form 3: Laboratory

Today's Date: |__|_|_|/|__|_|_|/|_2_|_0_|_1_|_|_|
m m d d y y y y

|_|_|_|_|-|_|_|_|_|-|_|_|_|_|_|

Name of Technician Completing This Form **(Please Print)**

Contact Phone Number

1. Evaluate the completeness of the preparation margin in the impression: **(Check one only)**
 - Excellent; 100%
 - Good; 95% of margin visible with only small defects or blebs
 - Fair; significant areas of margin missing
 - Poor; margin details mostly missing
2. Evaluate the quality of the impression other than marginal detail: **(Check one only)**
 - Excellent
 - Good
 - Fair
 - Poor
3. Describe the type of impression used: **(Check one only)**
 - Triple-tray (dual arch)
 - 3a. **For triple tray impressions (dual arch) only** - Describe the type of tray used (Select **ONE**):
 - Rigid plastic
 - Flexible plastic
 - Metal
 - Full arch
 - Quadrant tray
 - Optical scan
 - Other, please specify: _____
4. Are there signs of distortion in the impression? These can include pulls in the impression, elongated teeth, etc.
 - Yes
 - No
5. Evaluate the axial reduction of the preparation: **(Check one only)**
 - Excessive
 - Adequate
 - Insufficient
6. Evaluate the occlusal reduction of the preparation: **(Check one only)**
 - Excessive
 - Adequate
 - Insufficient
7. Evaluate the taper of the preparation (total occlusal convergence): **(Check one only)**
 - Excessive
 - Adequate
 - Insufficient
8. Evaluate the smoothness and finish of the preparation and margin: **(Check one only)**
 - Excellent
 - Good
 - Fair
 - Poor
9. Evaluate the quality of the opposing model: **(Check one only)**
 - Excellent
 - Good
 - Fair
 - Poor

Please TURN OVER to complete the back →



10. If this case was **NOT** a triple tray, how was the opposing impression/cast supplied to you? (**Check one only**)
- Not applicable; this case did use a triple tray
 - A stone model (poured in dental office)
 - An alginate impression
 - A polyvinylsiloxane (PVS) or similar impression
 - Optical scan
11. Describe how the casts were articulated for this case: (**Check one only**)
- Triple tray (dual arch impression)
 - Hand articulated
 - Hand articulated, but really needed centric jaw relation (CJR) bite record
 - Polyvinylsiloxane (PVS) or other centric jaw relation (CJR) bite provided
 - Optical scan
12. Evaluate the quality of the bite/CJR record: (**Check one only**)
- Good Record; patient was correctly closed, with thin areas apparent in record where teeth are in contact, or hand articulated in a stable position
 - Fair Record; patient appears to be partially closed or record is slightly unstable; patient may be in slight protrusion or laterotrusion
 - Poor Record; bite has significant inadequacies or does not fit on cast; record missing but necessary
13. Shade information is: (**Check one only**)
- Simple, such as a single shade "A2"
 - Moderate, such as 2-3 shades or instructions, e.g. "A2 with hypocalcification"
 - Detailed, such as a shade map or photographs
14. Describe the predominant method used to make the crown: (**Check one only**)
- Milled by a CAD/CAM machine
 - Milled by machine, but with lab technician additions (such as layered porcelain)
 - Mostly lab technician made (lost wax casting, stacked porcelain, etc.)

Thank you for completing this questionnaire. You or your lab, as determined prior to study start, will receive compensation for completing this questionnaire.

Please note that your responses are confidential and should not be discussed with the sending dentist. While some dentists may be interested in technical feedback from the lab the study is designed around confidentiality. Technicians and dentists are welcome to communicate on future crowns which are not part of this study.

Please place the questionnaire in the provided pre-addressed/pre-stamped envelope.