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: |__|__/|____|/ |__| __| 0 |__| __|

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: [mm/dd/yyyy]