Factors for Successful Crowns Study

Data Collection Form 1: Tooth Preparation

Section 1 – Before Impression

Today’s Date: ___ ___ / ___ ___ / ___ ___ ___ ___
m m d d y y y y

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: ≤ 1 mm horizontal movement
   - Moderate: > 1 mm but < 2 mm horizontal movement
   - Severe: ≥ 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: ______________________
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 BluMousse)
   - 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                        m      m        d      d          y       y      y       y

   Date:  |   |   |   |   /  2  0  1 |   |   |   |   |