

PFM CROWN PREPARATION

Candidate Sequential

Examiner Number

ADEX 2017

Time Started:

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CRITICAL ERRORS

Wrong Tooth/Surface Treated	No	Yes
Procedure not challenged	No	Yes

Acc. = Acceptable Sub. = Marginally Substandard Def. = Critical Deficiency

CERVICAL MARGIN AND DRAW

Margin/Extension

ACC	The cervical margin is ≤ 0.5 mm below to ≤ 1.5 mm above the simulated free gingival margin.
SUB	A. The cervical margin is over-extended > 0.5 mm below the simulated free gingival margin.
DEF	A. The cervical margin is over-extended by > 0.5 mm below the simulated free gingival margin, causing visual damage to the typodont. B. The cervical margin is under-extended by > 1.5 mm above the simulated free gingival margin.

Margin/Definition

ACC	The cervical margin is continuous but may be slightly rough and may lack some definition. The cervical bevel, when used, is ≤ 1.5 mm, and/or may lack some definition.
SUB	A. The cervical bevel, when used, is > 1.5 mm but ≤ 2.0 mm.
DEF	A. The cervical bevel, when used, is > 2.0 mm. B. The cervical margin has no continuity or definition. C. The cervical margin is cupped or J-shaped.

Margin/Facial Width

ACC	The facial shoulder is > 0.5 mm but ≤ 2.0 mm in width.
SUB	A. The facial shoulder is reduced > 2.0 mm but ≤ 2.5 mm.
DEF	A. The facial shoulder is > 2.5 mm in width. B. The facial shoulder is < 0.5 mm in width.

Margin/Lingual Width

ACC	The margin width varies slightly from visually & explorer detectable to ≤ 1.0 mm.
SUB	A. The lingual margin is > 1.0 mm but < 2.0 mm.
DEF	A. The lingual margin is > 2.0 mm. B. The lingual margin is feathered and/or is not explorer detectable.

Line of Draw

ACC	The path of insertion/line of draw deviates $< 20^\circ$ from the long axis of the tooth.
SUB	The path of insertion/line of draw deviates 20° to $< 30^\circ$ from the long axis of the tooth.
DEF	The path of insertion/line of draw deviates $\geq 30^\circ$ from the long axis of the tooth

PFM CROWN PREPARATION (CONTINUED)**WALLS, TAPER, AND SHOULDER****Axial Tissue Removal**ACC The axial tissue removal is ≥ 0.5 mm but ≤ 2.0 mm.SUB A. The axial tissue removal is > 2.0 mm but ≤ 2.5 mm.DEF A. The axial tissue removal is > 2.5 mm.
B. The axial tissue removal is < 0.5 mm.**Axial Walls Smoothness/Undercut**

ACC The walls may be slightly rough and may lack some definition.

DEF There is an undercut.

TaperACC Taper is present, from nearly parallel to $\leq 12^\circ$ per wall.SUB There is excessive taper that is $> 12^\circ$ and $\leq 16^\circ$ per wall.DEF Taper is grossly over-reduced $> 16^\circ$ per wall.**Occlusal Reduction**ACC Occlusal reduction is ≥ 0.5 mm but ≤ 2.5 mm.SUB A. Occlusal reduction is > 2.5 mm but ≤ 3.0 mm.DEF A. Occlusal reduction is > 3.0 mm.
B. Occlusal reduction is < 0.5 mm.**Internal Line Angles**

ACC Internal line angles and cusp tip areas may not be completely rounded and may show a slight tendency of being sharp.

DEF The internal line angles or cusp tip areas are excessively sharp with no evidence of rounding.

TREATMENT MANAGEMENT**Condition of Adjacent/Opposing Teeth**

ACC Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.

SUB A. Damage to adjacent tooth/teeth requires recontouring that changes the shape and/or position of the contact.
B. Opposing hard tissue shows minimal evidence of damage and/or alteration inconsistent with the procedure.DEF A. There is gross damage to adjacent tooth/teeth requiring a restoration.
B. There is evidence of gross damage and/or alteration to opposing hard tissue inconsistent with the procedure.**Condition of Surrounding Tissue**

ACC There may be slight damage to simulated gingiva and/or tyodont consistent with the procedure.

SUB There is iatrogenic damage to the simulated gingiva and/or tyodont inconsistent with the procedure.

DEF There is gross iatrogenic damage to the simulated gingiva and/or tyodont inconsistent with the procedure.

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