PFM CROWN PREPARATION

ADEX 2020

CRITICAL ERRORS	
Wrong tooth/surface treated No	Yes
Procedure not challenged No	Yes

ACC = Adheres to Criteria SUB = Marginally Substandard DEF = Critical Deficiency

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CERVICAL MARGIN AND DRAW				
Margin/Extension				
ACC	The cervical margin is \leq 0.5 mm below to \leq 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.			
Margir	n/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.			
Margir	/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° from the long axis of the tooth.			
SUB	The path of insertion/line of draw deviates 20° to < 30° from the long axis of the tooth.			
DEF	The path of insertion/line of draw deviates ≥ 30° from the long axis of the tooth.			

PFM CROWN PREPARATION (CONTINUED)

DEF

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, which, when blocked out, would compromise margin width criteria and/or is > 0.5 mm deep.	
Taper		
ACC	Taper is present, from nearly parallel to ≤ 12° per wall.	
SUB	There is excessive taper that is > 12° and \leq 16° per wall.	
DEF	Taper is grossly over-reduced > 16° per wall.	
Occlusal Reduction		
ACC	Occlusal reduction is ≥ 1.0 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 < 1.0 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		
Condit	ion 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 typodont consistent with the procedure.	
SUB	There is iatrogenic damage to the simulated gingiva and/or typodont inconsistent with the procedure.	

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