

# PFM CROWN PREPARATION

## ADEX 2024

### CRITICAL ERRORS

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

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

### 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 $\leq 1.5$ mm, and/or may lack some definition.
SUB	A. The cervical bevel, when used, is $> 1.5$ mm but $\leq 2.0$ 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 $\leq 2.0$ mm in width.
SUB	A. The facial shoulder is reduced $> 2.0$ mm but $\leq 2.5$ 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 $\leq 1.0$ mm.
SUB	A. The lingual margin is $> 1.0$ mm but $\leq 2.0$ 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 $20^\circ$ 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.

## WALLS, TAPER, AND SHOULDER

## Axial Tissue Removal

ACC The axial tissue removal is  $\geq 0.5$  mm but  $\leq 2.0$  mm.

SUB A. The axial tissue removal is  $> 2.0$  mm but  $\leq 2.5$  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  $\leq 12^\circ$  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  $\geq 1.0$  mm but  $\leq 2.5$  mm.

SUB A. Occlusal reduction is  $> 2.5$  mm but  $\leq 3.0$  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

## 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 typodont consistent with the procedure.

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

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