PFM CROWN PREPARATION

ADEX 2024

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

NOTE: Those SUBs that are highlighted are part of the 3-SUB Rule

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

	ACC = Adheres to Criteria SOB = Marginally Substandard DEF = Critical Deliciency			
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 \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 ≤ 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° 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° 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.		
4 . 114	B. The axial tissue removal is < 0.5 mm.		
	Valls 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 ≤ 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.		
	al 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.		
TREATI	MENT 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.		

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