

RESTORATION: *POSTERIOR AMALGAM*

2025

Tooth #: _____

MO	DO	MOD
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CRITICAL ERRORS

The restoration is fractured.....	No	Yes
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ACC = Adheres to Criteria SUB= Marginally Substandard DEF= Critically Deficient

MARGIN INTEGRITY AND SURFACE FINISH

Margin Excess/Deficiency

ACC	A. No marginal deficiency. There is no evidence of pits and/or voids at the cavosurface margin. B. Marginal excess ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer.
SUB	A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin. B. EXCESS: Any marginal excess is detectable visually or with the tine of an explorer, and the discrepancy is > 0.5 mm but ≤ 1.0 mm.
DEF	A. There is evidence of marginal deficiency of > 0.5 mm which includes pits and voids at the cavosurface margin, and/or there is an open margin. B. There is a marginal excess of > 1.0 mm.

Adjacent Tooth Structure

ACC	There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration. (Enameloplasty)
DEF	There is gross enameloplasty.

CONTOUR, CONTACT, AND OCCLUSION

Interproximal Contact

ACC	Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but demonstrates little resistance to dental floss.
DEF	A. The interproximal contact is visually open or concave/irregular, allowing for food impaction. B. The interproximal contact will not allow floss to pass.

Centric/Excursive Contacts

ACC	When checked with articulating paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.
SUB	When checked with articulating paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment.
DEF	There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.

TREATMENT MANAGEMENT**Adjacent Tooth Damage**

ACC	Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.
DEF	There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.

Soft Tissue Damage

ACC	The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.
DEF	There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.

RESTORATION: ANTERIOR COMPOSITE

2025

Tooth #: _____

M	D	F	L
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CRITICAL ERRORS

The restoration is debonded and/or movable in the preparation	No	Yes
The restoration is fractured	No	Yes

ACC= Adheres to Criteria SUB= Marginally Substandard DEF= Critically Deficient

MARGIN INTEGRITY AND SURFACE FINISH

Margin Excess/Deficiency

ACC	A. No marginal deficiency. There is no evidence of pits and/or voids at the cavosurface margin. B. Marginal excess ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer.
SUB	A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin. B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm. There is flash with or without contamination underneath, but it is not internal to the cavosurface margin and could be removed by polishing or finishing.
DEF	A. There is evidence of marginal deficiency of > 0.5 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin, and/or there is internal contamination at the interface between the restoration and the teeth. B. There is a margin excess (excluding bonding agent or unfilled resin) of > 1.0 mm.

Adjacent Tooth Structure

ACC	There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration. (Enameloplasty)
DEF	There is gross enameloplasty.

CONTOUR, CONTACT, AND OCCLUSION

Interproximal Contact

ACC	Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but may demonstrate little resistance to dental floss.
DEF	A. The interproximal contact is visually open or concave/irregular, allowing for food impaction. B. The interproximal contact will not allow floss to pass.

Centric/Excursive Contacts

ACC	When checked with articulating ribbon paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.
SUB	When checked with articulating paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment.
DEF	There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.

TREATMENT MANAGEMENT**Adjacent Tooth Damage**

ACC	Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.
DEF	There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.

Soft Tissue Damage

ACC	The soft tissue is free from damage, or there is tissue damage that is consistent with the procedure.
DEF	There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.

RESTORATION: POSTERIOR COMPOSITE

2025

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CRITICAL ERRORS

The restoration is fractured.....	No	Yes
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MARGIN INTEGRITY AND SURFACE FINISH

Margin Excess/Deficiency

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DEF	A. There is evidence of marginal deficiency of > 0.5 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin, and/or there is internal contamination at the interface between the restoration and the tooth. B. There is a marginal excess (excluding bonding agent or unfilled resin) of > 1.0 mm.

Adjacent Tooth Structure

ACC	There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration.
DEF	There is gross enameloplasty.

Bonding

ACC	The restoration is bonded to the prepared tooth structure.
DEF	The restoration is debonded and/or movable in the preparation.

CONTOUR, CONTACT, AND OCCLUSION

Interproximal Contact

ACC	Interproximal contact is visually closed, and the contact appears adequate in size, shape, or position, but may demonstrate little resistance to dental floss.
DEF	A. The interproximal contact is visually open or concave/irregular, allowing for food impaction. B. The interproximal contact will not allow floss to pass.

Centric/Excursive Contacts

ACC	When checked with articulating paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.
SUB	When checked with articulating paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment.
DEF	There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.

TREATMENT MANAGEMENT**Adjacent Tooth Damage**

ACC	Any minimal damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.
DEF	There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.

Soft Tissue Damage

ACC	The soft tissue is free from damage, or there is tissue damage that is consistent with the procedure.
DEF	There is gross iatrogenic damage to the soft tissue inconsistent with the procedure.