

Checklist try-in fixed restorations

Dentist:

Patient:

		Comments
1. Initial check by dentist:		
1.1 Subjective perception of fit	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
1.2 Shade	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
2. Proximal contacts:		
2.1 Dental floss	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
2.2 Shimstock foil	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
2.3 Occlusion foil	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
3. Fit evaluation:		
3.1 Crown margin probing	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
3.2 Silicone fit checker	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
4. Occlusion:		
4.1 Static occlusion (Shimstock and occlusion foil)	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
4.2 Dynamic occlusion (occlusion foil)	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
5. Check bridge pontic:		
5.1 Contact pressure on ridge (ischemia)	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
5.2 Hygiene capability	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
5.3 Silicone impression for pontic area	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
6. Implant abutment:		
6.1 Fit of positioning key	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
6.2 Peri-implant tissue condition	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
6.3 Abutment margin position	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
6.4 Contour of emergence profile	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
7. Final patient approval:		
7.1 Contour	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
7.2 Appearance	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	

8. Other:

Date and Signature:

