

Berry Dental Lab
Objective Crown Checklist

Patient Name:

Tooth #s:

Date:

Did The Lab Do Their Job Correctly?
These are the only factors over which any lab has control:

Are the models poured correctly?	YES	No
Are the models mounted correctly?	YES	No
Are the margins trimmed correctly?	YES	No
Does the crown fit the dies?	YES	No
Are the margins closed on the die?	YES	No
Does the crown rock on the dies?	YES	No
Is the shade correct?	YES	No
Is the glaze uniform?	YES	No
Are the contacts correct on the model?	YES	No
Is the occlusion correct on the model?	YES	No