CASE CHECK-IN CHECKLIST

Patient Name _____ Date Received_____

Model work	Die Model	❑OK	❑Errors	❑Unacceptable
	Solid Model	❑OK	❑Errors	❑Unacceptable
Marginal fit	Die Model	❑OK	❑Misfit(s) # _____	
	Solid Model	❑OK	❑Errors	❑Unacceptable
Adaptation to Edge Guide		❑OK	❑Errors	❑Unacceptable
Occlusal anatomy		❑OK ❑N/A	❑Too Deep ❑Too Flat	
Axial contours		❑OK	❑Errors	❑Unacceptable
Embrasures	Facial	❑OK	❑Errors	❑Unacceptable
	Incisal	❑OK	❑Errors	❑Unacceptable
	Gingival	❑OK	❑Errors	❑Unacceptable
Pontic design		❑OK ❑N/A	❑Errors	❑Unacceptable
Proximal contacts		❑OK	❑Open ❑Tight ❑Wrong size/shape/position	
Centric stops		❑OK	❑Errors	❑Unacceptable
Pathway Guidance		❑OK	❑Not as requested ❑Not on guide table	
X-Over & edges		❑OK	❑bump past cuspid ❑lateral carries too much	
Incisal edge/Bevels		❑OK	❑No flat surfaces teeth #'s_____	
Shape / Texture / Luster		❑OK	❑Contour error ❑Texture error ❑Too shiny	
Translucency		❑OK	❑Errors	
Value		❑OK	❑Too HIGH ❑Too LOW	
Shade/Characterization		❑OK	❑Wrong Hue ❑High chroma ❑Low chroma ❑< characterization ❑> characterization	
Bite registration		❑OK	❑Errors in trimming ❑Inadequate as sent	
Opposing model		❑OK	❑impression errors ❑Pouring errors	
Impression Eval		❑OK	❑Voids ❑Torn cuff	
Preparation Prep & Margin		❑OK	❑Not correct for material selection ❑Not smooth Comment:	
Reduction	Buccal/Facial	❑OK	❑Under reduced ❑Overreduced	
	Proximal	❑OK	❑Under reduced ❑Overreduced	
	Lingual	❑OK	❑Under reduced ❑Overreduced	
GO-BY model followed		❑OK	❑Errors	
Images sent		❑OK	❑Inadequate	