



Dental Lab Case Checklist: Fabrication & Quality Assurance

 Show only Checklist

Display Style
Default 

Case Reception & Documentation

Ensuring accurate and complete case documentation upon receipt.

Case Number

Enter a number...

Date Received

Enter date...



Doctor's Name

Write something...

Patient Name

Write something...

Doctor's Instructions/Notes

Write something...

Case Type

- ☐ Crown
- ☐ Bridge
- ☐ Denture
- ☐ Veneer
- ☐ Other

Photos of Model/Impression

 Upload File

Model & Impression Verification

Confirming model accuracy, completeness, and proper trimming.

Impression Size (mm)

Enter a number...

Impression Type

- ☐ Alginate
- ☐ Silicone
- ☐ Polyvinyl Siloxane (PVS)

Model Accuracy

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Notes on Model/Impression

Write something...

Upload Photo of Model/Impression

 Upload File

Trim Lines

- ☐ Correct
- ☐ Needs Adjustment

Design & Planning

Verification of design specifications and appropriate material selection.

Proposed Shade (if applicable)

Enter a number...

Type of Restoration

- ☐ Crown
- ☐ Bridge
- ☐ Inlay/Onlay
- ☐ Veneer
- ☐ Prosthetic

Specific Design Considerations

- ☐ Anatomic Morphology
- ☐ Occlusal Contacts
- ☐ Esthetics
- ☐ Functionality

Notes on Design Parameters

Write something...

Material Selection

- ☐ Zirconia
- ☐ PMMA
- ☐ Composite
- ☐ Wax
- ☐ Other

Design Completion Date

Enter date...

Fabrication Process

Monitoring each step of the fabrication process for quality and adherence to protocol.

Layer Thickness (mm)

Enter a number...

Curing Time (minutes)

Enter time...

Material Used

- ☐ Composite Resin
- ☐ Zirconia
- ☐ PMMA
- ☐ Wax

Process Steps Verified

- ☐ Mixing
- ☐ Layering
- ☐ Milling
- ☐ Sintering

Notes on Fabrication Process

Write something...

Fabrication Start Date

Enter date...

Marginal Adaptation & Fit

Assessing marginal fit and overall case fit to patient's anatomy.

Marginal Gap (mm)

Enter a number...

Notes on Marginal Adaptation

Write something...

Fit Assessment (Overall)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Detailed Observations on Fit

Write something...

Interproximal Contacts?

- ☐ Present
- ☐ Absent
- ☐ Questionable

Occlusal Interference (mm)

Enter a number...

Surface Finishing & Polishing

Evaluating surface smoothness, gloss, and overall aesthetics.

Polishing System Used

- ☐ Aluminum Oxide
- ☐ Zirconia
- ☐ Diamond
- ☐ Other

Polishing Time (minutes)

Enter a number...

Notes on Surface Texture

Write something...

Surface Gloss Level

- ☐ Low
- ☐ Medium
- ☐ High

Surface Photo (Before)

 Upload File

Surface Photo (After)

 Upload File

QA & Final Inspection

Comprehensive quality assurance checks before delivery.

Serial Number/Batch Code

Enter a number...

Defect Assessment (Select all that apply)

- ☐ Marginal Gap
- ☐ Rough Surface
- ☐ Discoloration
- ☐ Fracture
- ☐ None

Detailed Defect Description (if applicable)

Write something...

Thickness Measurement (mm)

Enter a number...

Overall Aesthetic Appearance

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Fit Verification Result

- ☐ Passive
- ☐ Adjustable
- ☐ Requires Adjustment

Date of Final Inspection

Enter date...

Quality Assurance Technician Signature

Packaging & Delivery

Ensuring secure packaging and proper delivery protocols.

Delivery Method

- ☐ Courier
- ☐ Lab Vehicle
- ☐ Patient Pickup

Delivery Date

Enter date...

Estimated Delivery Time

Enter time...

Tracking Number (if applicable)

Enter a number...

Special Delivery Instructions (e.g., ring doorbell)

Write something...

Packaging Condition Upon Dispatch

- ☐ Excellent
- ☐ Good
- ☐ Fair

Packaging Photo (Optional)

 Upload File