



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

Tracking Number (if applicable)

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

Packaging Condition Upon Dispatch

- Excellent
- Good
- Fair

Packaging Photo (Optional)

 Upload File