Crown Diagnostic Appointment Checklist Patient Name: _____ Tooth #: ____ Date: ____ Provider: _____ Assistant: _____ **✓** Pre-Appointment ☐ Review medical and dental history ☐ Confirm chief complaint and tooth number ☐ Update health history, medications, and BP: _____/ ___ mmHg ☐ Review radiographs (PA + BW within last 6–12 months) ☐ Take new PA if not recent or unclear ☐ Review that treatment plan is signed ☐ Consent for fixed pros signed ✓ Clinical Exam + Occlusal Analysis ☐ Evaluate tooth structure (cracks, decay, fractures, existing restoration) ☐ Confirm restorability and endo status (pulp testing if indicated) ☐ Check periodontal status (probing, mobility, bone support) ☐ Complete occlusal analysis (check for interferences or supraeruption) ✓ Treatment Planning ☐ Decide on crown material (zirconia, PFM, e.max, etc.) □ Note special considerations (bruxism, esthetics, opposing arch, clearance) ☐ Determine need for core build-up **✓** Records ☐ Pre-op intraoral photos (if indicated) ☐ Diagnostic + opposing arch impressions ☐ Bite registration Shade selection (if anterior): _____ **Lab Rx or wax-up needed:** □ Yes □ No Notes: ____

EFFICIENCY TIP: Schedule all appointments at initial visit to avoid prolonging treatment