



1. A marginal adaptation within a ____ μm – 100 μm is predictable with most CAD/CAM systems.
 - a. 25
 - b. 50
 - c. 75
 - d. 100
2. Generally speaking, a marginal opening between 50 μm and 100 μm is considered clinically acceptable by most practitioners.
 - a. True
 - b. False
3. Out of 193 impressions submitted for one study, ____ percent had at least one or more observable errors.
 - a. 70.2
 - b. 79.3
 - c. 83.4
 - d. 89.1
4. The scanned image allows the clinician to view the internal axial-gingival angle to determine if he or she has provided the proper amount of reduction.
 - a. True
 - b. False
5. In cases where a zirconia coping is required, the coping is placed on the die and either:
 - a. Layered with the appropriate veneering porcelain
 - b. Waxed to final contour and hot pressed with a compatible pressable ceramic ingot
 - c. Both of the above
 - d. None of the above
6. In terms of margin cut-backs, either a 360° full cutback or a partial (facial) can be used.
 - a. True
 - b. False
7. After milling a zirconia coping, the technician can place the coping on the stump die and cut back the facial area between the dots. The cut back area is filled in with wax on the stump die after the plastic full contour element is placed on the coping.
 - a. True
 - b. False
8. It is not possible to fabricate an impression-free and model-free bridge (fixed partial denture).
 - a. True
 - b. False
9. If the clinician chooses to bypass a try-in appointment and wants the restoration returned finished, he or she must supply the laboratory with the :
 - a. Prescription
 - b. Bite Registration
 - c. Waiver
 - d. None of the above
10. At the insertion appointment, the internal surface is cleaned using air-borne particle abrasion with ____ - micron grit aluminum oxide at 2.5 bars.
 - a. 30
 - b. 40
 - c. 50
 - d. 60

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