

THE DICKERMAN DENTAL PROSTHETICS EDITION

How to Choose the Right Lab for Your Practice

A 23-question scorecard, a twelve-question phone script, and a two-case trial protocol you can run on any lab. Including the two questions the lab that paid for this one fails.



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What's inside

A 23-question scorecard, a twelve-question phone script, and a two-case trial protocol you can run on any lab. Including the two questions the lab that paid for this one fails.

01 **Implants. Fit, verification, and what the evidence won't support**

Start here. It's where a wrong call costs the most, and it's where labs differ most.

08 **The scorecard**

The same 23 questions, with the sponsor's own answers printed under every one. Wins and blanks both.

02

Chapters, one operating system

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Built for the general dentists and practice owners who send crown and bridge, implant, and removable cases to an outside laboratory

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Read it, score it, then put the numbers in writing

You picked your lab a long time ago

Most practices choose a lab once. Somebody recommended them. The first few cases were fine. That was years ago.

Since then the cases got harder. You added implants. You bought a scanner. Nobody ever re-checked the lab.

Here's the part that surprises people. Nobody else re-checked it either. Dental labs aren't required to register with the FDA as device establishments, and they aren't required to file device reports. That isn't a loophole. It's how the rules are written. No inspector shows up to grade the bench.

So the only real audit your lab gets is the one you run.

That's what this book is. A 23-question scorecard, a twelve-question phone script, and a way to test any lab on two cases without putting a patient at risk. It works on any lab in the country.

Under every scorecard question you'll find the sponsor's own answer printed, wins and blanks both. The lab that paid for this guide still fails two of the 23 questions. You'll see exactly which two, printed in the same type as every pass. If we had hidden those, you'd have no reason to trust the other twenty one.

Chapters one through seven don't mention any lab, including the one that paid for this guide. They're about how to judge whoever you're sitting across from. Chapter eight is the scorecard, with the sponsor's own answers printed under every question.

Short on time? Skip to the phone script and the two-case trial near the end. Want a number first? Go straight to the scorecard, tick the boxes for the lab you use now, and come back to the rest.

Every time this book says something isn't published, it means we didn't find it in the 96 pages and PDFs we captured from the sponsor's website. That's a boundary on our checking. It's never a finding against anybody's bench.

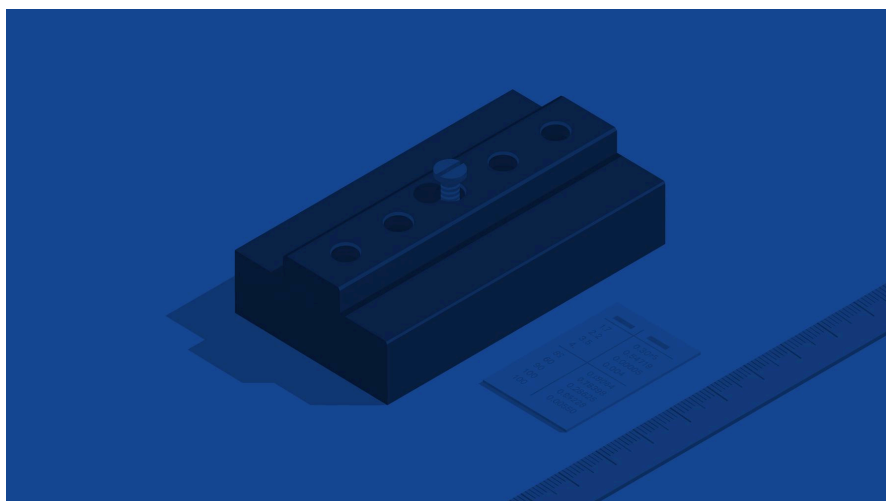
This guide is intended for licensed dental professionals only.

CHAPTER 01

01

Implants. Fit, verification, and what the evidence won't support

*Start here. It's where a wrong call costs the most, and it's where
labs differ most.*



The part your lab can't do for you

The lab makes the part. You put it in. That makes you the last check. If something's off, you're the only person standing between the problem and the patient, at the seat visit.

A good lab knows that. So a good lab tells you, in writing, exactly what to check, and hands you a physical thing to check it with.

The test for this chapter isn't "do they make nice frameworks." Anyone says yes to that. The test is: **did they hand you the check?**

The one screw test

For a screw-retained full-arch case, the check has a name and it's simple.

You get a jig from the lab. A jig is a rigid part that copies the position of the implants. You put it in and tighten one screw. Just one.

If the jig sits flat and passive on that single screw, the positions are right. If it rocks, or you have to force the second screw to pull it down, something in the chain is off. You want to know that now, not after the framework is made.

One screw. A minute of chair time.



KEY TAKEAWAY

A lab that publishes the check is a lab that expects to be caught. That's a good sign, and it's rarer than you'd think.

The verification index

The one screw test catches problems at the framework stage. There's an earlier check that catches them sooner.

When the lab pours a master cast from your open tray impression, everything after that gets built on that cast. If the cast is off by a little, the case is off by a little, all the way to the seat visit.

A verification index is a separate part the lab makes at the impression stage. Its only job is to prove the cast is right. You try it in at the next appointment. If it seats, the cast is good. If it doesn't, the lab uses that same index to correct the cast before anything expensive gets built on top of it.

Ask any lab you're considering: do you make a verification index, and at what stage? If the answer is "we check the cast," ask what the physical part is called. A check you can't hold isn't a check you can rely on.

Torque values

Screw torque isn't one number. It changes by manufacturer, by system, and by implant diameter. It's all in the manufacturer manuals, just spread across six different places, none of them in your operatory at four o'clock on a Thursday.

A lab that hands you one page with the torque values by system and diameter has saved you a real problem. Ask for it. If they have one, pin it where you place.

Check any chart you're given against the current instructions for use, because manufacturers change values. And check the date on it. An undated chart isn't wrong, it's unverifiable, so treat it as a starting point.

Genuine parts, and why it's a warranty question

An aftermarket abutment can look identical to the original and connect differently. Sometimes that's fine. Sometimes it isn't.

The part you need to care about isn't the metal, it's the paperwork. If a non-original component is in the case and something goes wrong, the implant maker's own warranty may not cover it. So the question isn't "is this a good part." It's **"is this the original part, and can you show me where it was made?"**

A lab that names the milling facility and the city for each abutment line has given you a checkable answer. It also tells you, honestly, which parts it doesn't make itself.

What the evidence will not support

You'll see marketing claim a framework has to fit within some exact number of micrometres or the implant will fail. The research doesn't support a number like that, and the link between lab-measured misfit and a real clinical problem is described as weak, not proven and not disproven. Insist on the verification step, it costs a minute and catches real problems. Don't accept a micrometre figure as a safety threshold. Ask for the process, be skeptical of the number.

The four questions for this chapter

☐ Do you use genuine manufacturer components, and will you put that in writing?

- › Good: a written position naming the manufacturer lines they buy from. Dodge: "Everything we use is high quality."

☐ Which implant maker programs are you enrolled in, and can my rep confirm it?

- › Good: named programs from named manufacturers. Dodge: "We do all of them."

☐ Do you make a verification index, and at what stage?

- › Good: a named part made at the open tray impression stage. Dodge: "We check everything before it ships."

☐ What check do you want me to run before I seat, and what part will you send me to run it with?

- › Good: a named test with a named part. Dodge: "It'll fit, we made it to your impression."

Chapter 02. Digital workflow and records

The scanner was the expensive part. The workflow decides whether it was worth it.

The week most practices lose

The scanner arrives. Training happens. Then the first real case comes up and nobody knows how to get the file to the lab. You call, the person who answers doesn't know either, and two days later you've bailed out and taken a physical impression.

That week is avoidable. It comes down to one thing: **does your lab publish the connection steps for your exact scanner?** Not "we take digital." The actual click path, for your model.

What to ask before you buy

If you're shopping for a scanner, ask the lab first. **"Which scanners do you have written connection instructions for?"** If yours isn't on the list, that's a fine reason to pick a different scanner, or a different lab.

"Do you take a raw file, or only through a portal?" A portal is a closed pipe between one scanner brand and the labs that pay to be on it. It works, right up until you change scanners or labs. A lab that accepts a plain file is a lab you can keep working with when your equipment changes.

The file that arrives is the case

Once you're scanning, the quality bar moves. It's about what you captured, not just pouring a good model. Three things go wrong most often, and all three are yours to fix.

THE MARGIN ISN'T CLEAN	Zoom in. If you can't see where the preparation ends, the technician can't either, and they'll guess.
THE NEIGHBOURS ARE MISSING	A lab needs the teeth either side and the opposing to place contacts and the bite.
NOBODY WROTE ANYTHING DOWN	A digital file doesn't carry your intent. Material, shade, contact preference, occlusal scheme. Type it in.

For a multi-unit case, ask how they want files packaged. Most want one archive per case so nothing gets separated in transit.

What they make and what they route

Almost no lab makes every part of every case in its own building, and that's often better, because manufacturer-original abutments come from the manufacturer. The problem isn't routing, it's not knowing. Be a little careful with any lab that says everything is in-house without qualification. Ask specifically about abutments and you'll get the real answer.

If you might switch labs down the line, ask one more thing now. Who owns your digital design file, will they release it, and is there a fee. Most agreements say nothing at all, and a file you can't take means every case gets redesigned from scratch somewhere new.

Chapter 03. What choosing wrong actually costs

Your numbers, not ours. A figure you calculated hits differently than one somebody printed for you.

The remake worksheet

Get a pen. Fill in your own figures. Every assumption is labelled so you can argue with it.

LINE A	Your fee for a single crown. \$_____
LINE B	Crown or bridge units you send in a month. _____ units
LINE C	How many come back needing a remake or a big adjustment. _____ units
LINE D	Chair time on one remake, in minutes. Re-prep, temporary, second seat visit. _____ minutes
LINE E	What an hour of your chair is worth. Monthly production divided by chair hours. \$_____
LINE F	Cost of one remake. Line D divided by 60, times Line E. \$_____
LINE G	Your monthly remake cost. Line C times Line F. \$_____
LINE H	Your yearly remake cost. Line G times 12. \$_____

Line C is the one most practices have never counted. If you're guessing, guess low, then track it for a month. Now look at Line H.

What that number doesn't include

Line H is the floor, not the ceiling. It leaves out the patient who doesn't come back (they think something went wrong with you, not the lab), the case you didn't start (after enough bad anteriors, dentists quietly stop recommending them), the team time chasing a remake, and the schedule slot a remake displaces.

The one number to start tracking

For one month, write down every case that comes back needing work. One line each. Date, case type, what was wrong. Thirty days later you'll have something almost no practice has, an actual number instead of a feeling.



KEY TAKEAWAY

*Problems cluster. Same case type, same missing record, same step.
Clustered problems are fixable. Vague dissatisfaction isn't.*

Chapter 04. Shade and materials

The anterior case that comes back wrong is almost never the wrong shape. It's the wrong colour.

Why one central is the hardest case in dentistry

Eight veneers are hard work, but the target is yours to set. One central next to a natural tooth is different. You're matching something you can't change, and a shade tab is one flat colour on a plastic stick. It gets you into the right neighbourhood. It doesn't get you to the address.

What actually helps

01 Photographs.

Photo-assisted shade selection showed a real advantage in the research. Put the tab in the frame, in the same plane as the tooth, at the same distance. Take more than one angle.

02 A device alone isn't the answer.

Colour-reading devices used on their own didn't show an advantage. Good photographs still do the work a device can't.

03 A shade appointment at the lab.

The strongest option and the rarest. A technician matches the actual tooth in daylight. Settle cost and who pays before the patient's in the car.

04 Characterisation while the patient waits.

Some labs adjust with the patient there, a different process than shipping a case back and forth.

Three things wreck a shade for free. Your operatory light isn't daylight and isn't neutral. A dehydrated tooth gets lighter as it dries, so shoot the shade early in the appointment. And no written notes means the technician guesses. Describe the crack line, the halo, the warmth at the neck, not just a tab number.

Materials: the thing nobody selling you material wants to say

Across the main choices for a single unit, five-year survival is comparable between lithium disilicate, zirconia, and metal-ceramic. If a lab tells you their material lasts longer than the alternatives, they're saying something the evidence doesn't support.

What actually differs is how it looks, how much tooth you have to remove, whether you can adjust it chairside, what happens if it breaks, and how it wears the opposing tooth. Ask your lab, for this case, what they'd make it in and why, instead of accepting one default material for everything.

Ask what's actually going in the patient, brand and system, not just a category. And ask a question almost nobody asks: do you keep lot numbers per case? If a material ever gets recalled, that's the difference between calling four patients and calling everyone you've treated in two years.

Chapter 05. Turnaround and remakes. The terms nobody writes down

The biggest gap in this book between what people assume and what's actually written.

The turnaround number means something different to everyone

When a lab says ten days, ask what the ten days covers. Does the clock start on the bench or when the case ships? Working days or calendar days? Ten working days is two weeks. Does the clock pause for a callback? Is there a cut-off time that can cost you a free day?

The question that actually matters isn't "what's your turnaround." It's: **"how many working days is the case on your bench, by case type, and what time is your daily cut-off?"** Ask for it in writing. A lab that can't write it down doesn't have a real number.

Faster isn't automatically better. A lab that takes twelve days and gets it right beats a lab that takes six and sends back one in ten needing work. Run the maths from chapter three. One remake wipes out weeks of saved days. Ask for both numbers, the days and the redo rate, and weight the second one higher.

Remakes: who pays, and how much is actually yours

Ask a dentist what happens if a crown comes back wrong. You'll usually hear "they remake it, no charge." Ask where it says that, and it goes quiet.

A remake has two halves. The lab fee is usually small, and usually the part a lab will waive. Your chair time, the re-prep, the temporary, the second seat visit, is the big half, and no lab covers it. So "free remake" means free on the cheap half. Prevention beats policy every time.

If a lab has written terms, look for what's covered by restoration type, how long the cover lasts, who pays for what, what voids it, and who decides whether a case qualifies. Plenty of good labs don't publish any of this. That doesn't mean they'll refuse you, but an unwritten policy changes when the person changes, and it can't be compared between two labs. Ask for it in an email: "Can you confirm your remake terms in writing so I have them on file." Any lab comfortable with its own terms sends that in five minutes.

Chapter 06. The 12-question phone call

Everything so far, compressed into one call. About eleven minutes. Do it with your current lab first.

How to run it

Say you're doing a quick review of your lab relationships and you've got a few questions. That's true, and it's a normal thing to do. Write down what they say. Don't argue with any answer while you're on the call.

YOU, ON THE PHONE

-
- 01 How many working days is a case on your bench, by case type, and what's your daily cut-off?
 - 02 Can you send me your remake terms in writing?
-

YOU, ON THE PHONE (CONT.)

- 03 If a crown comes back wrong, what do you cover and what's on me?
- 04 Do you have a fee schedule I can see?
- 05 Which implant systems do you have manufacturer programs with?
- 06 Do you use genuine components, and where are custom abutments milled?
- 07 What check do you want me to run before I seat a full-arch case?
- 08 Do you have written connection steps for my scanner?
- 09 Do I get to talk to the technician who makes my cases?
- 10 Do you keep lot numbers, and will you put the material on the invoice?
- 11 Who owns the design file, and will you release it if I ask?
- 12 For a single central next to a natural tooth, what's your process?

How to read the results

Don't score it on how many yeses you got. Score it on how many answers were specific. A lab that says "no, we don't publish a fee schedule, we quote per case because the mix varies" gave you a better answer than one that says "yes, we're very competitive." The first one told you something true. The second told you nothing.



KEY TAKEAWAY

Notice which questions made them uncomfortable. That's the most useful information in the call, and it's free.

Chapter 07. The two-case trial

How to test any lab without putting a patient at risk.

The real reason people don't switch

Dentists don't stay with a mediocre lab because they think it's good. They stay because switching feels risky. You send a case to a lab you don't know, it comes back wrong, and now there's a patient in the chair and no way to explain it. That fear is reasonable. It's also completely solvable.

The protocol

01 Pick two cases that can't hurt anybody.

Routine, posterior, and nobody's in a hurry. A single posterior crown is the classic. If it comes back needing work, the fix should be one visit.

02 Send them the way you send everything.

Don't gold-plate the impression or warn them ahead of time. You're testing what your normal work looks like coming out of their normal process.

03 Score seven things when it comes back.

The same seven every time, written down.

04 Do it twice before you decide.

One case is an anecdote. Two, sent a few weeks apart, tell you about the process.

05 Then run one hard case.

A single anterior unit or an implant case, now with evidence behind you instead of hope.

⚠ Never test a new lab on an anterior case, and never on a case with a hard deadline. That's testing the thing you can least afford to have go wrong.

The seven-point score

☐ Did it arrive when they said it would?

- ☐ Was the margin clean under magnification?

- ☐ Did the contact need adjusting? A little is normal. Rebuilding it isn't.

- ☐ Did the occlusion need real adjustment?

- ☐ Was chair time at the seat visit near your average?

- ☐ Was the shade right, even on a posterior?

- ☐ Did the paperwork make sense? Invoice, material list, everything you sent came back?

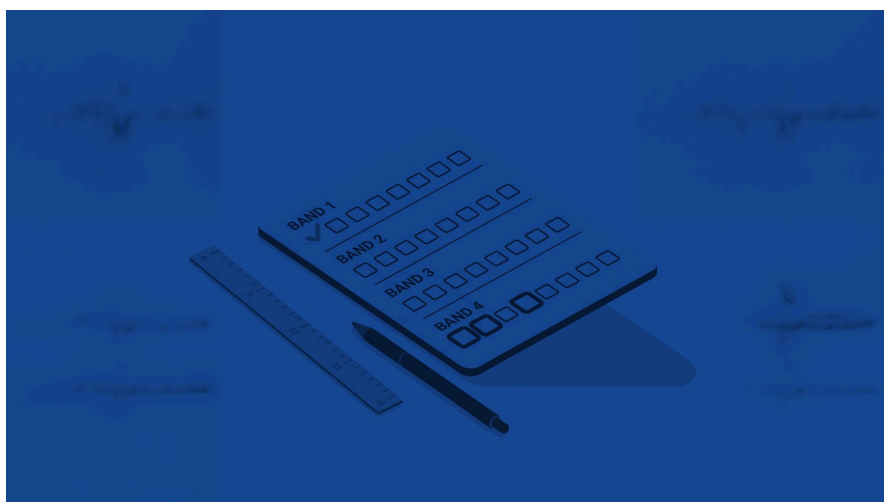
Two routine cases is the whole cost. Compare that to Line H from chapter three, and this trial is the cheapest thing in this book. Run the same seven-point score on the lab you already use, for your next four cases. You've never measured them, and a feeling isn't a baseline.

CHAPTER 08

08

The scorecard

The same 23 questions, with the sponsor's own answers printed under every one. Wins and blanks both.



How to score this

Tick the box when the lab has a real answer you could point to in writing. Leave it empty when the answer is "probably" or "I think so."

Everything printed here about Dickerman Dental Prosthetics came from its own public website and its own published PDFs. You can open every one of them yourself.

Where we say something isn't published, we mean it wasn't found in the 96 pages and PDFs we captured. That's a gap on a website. It's never a finding against the bench.

Two of these are marked as failures. They're printed in sequence, in the same type as everything else, because a buyer's guide that hides the sponsor's blanks isn't a buyer's guide.

SECTION A. IMPLANTS, FIT AND VERIFICATION

☐ Does the lab put in writing that it uses genuine manufacturer parts?

- > Good: a written components position naming the manufacturer lines. Dodge: "Everything we use is high quality."

THE LAB'S ANSWER

DICKERMAN: yes. It publishes a written commitment to genuine components, and says its first choice in components and outsourcers stays inside the manufacturer's original product lines.

☐ Is the lab enrolled in the implant makers' own laboratory programs?

- > Good: named programs, checkable with your rep in one call. Dodge: "We work with all the major systems."

THE LAB'S ANSWER

DICKERMAN: yes. It publishes three by name. Zimmer Biomet Encode Empowered Laboratory, Straumann Alliance Lab, and Nobel Biocare Diamond Laboratory. Your implant rep can confirm all three.

☐ **Will the lab hand you the torque values for the systems you place?**

› Good: a written reference you can pin up. Dodge: "Just torque it to 35."

THE LAB'S ANSWER

DICKERMAN: yes. It publishes a free one-page torque chart in N-cm by system and by diameter, covering nine-plus manufacturers. It's undated in what we captured, so confirm it against the current instructions for use before you tighten anything.

☐ **Does the lab tell you, in writing, how to check the fit before you seat?**

› Good: a named test with a named part. Dodge: "It'll fit, we made it to your impression."

THE LAB'S ANSWER

DICKERMAN: yes. It publishes the one screw test in its own workflow. Retorque to the manufacturer value, try in the supplied jig, and it has to seat passively on a single screw before you go further.

☐ **Does the lab prove the master cast is right before it builds on it?**

› Good: a separate part made at the impression stage. Dodge: "We check everything before it ships."

THE LAB'S ANSWER

DICKERMAN: yes. It makes a verification index at the open tray impression stage, uses it at the next visit to confirm the master cast, and uses the same index to correct the cast if the cast is off.

☐ **For a custom abutment, can the lab tell you which building it was milled in?**

› Good: a named facility and a named city per line. Dodge: "We mill everything in-house."

THE LAB'S ANSWER

DICKERMAN: yes, and it names the city for each one. Palm Beach Gardens, Waltham, Mahwah, Arlington and Carlsbad. Read it honestly. Those abutments are milled by the manufacturer, not by DICKERMAN, and the lab says so in its own words.

SECTION B. DIGITAL WORKFLOW, SHADE AND RECORDS

☐ Does the lab publish how to connect your exact scanner?

› Good: named scanners with the actual click path. Dodge: "Just send it, we take everything."

THE LAB'S ANSWER

DICKERMAN: yes. It publishes step by step connection instructions for Carestream CS3700, CEREC, iTero, Trios and 3M True Definition.

☐ Can you send a raw file, and does the lab tell you how to package it?

› Good: named formats and packing instructions. Dodge: "Send it however."

THE LAB'S ANSWER

DICKERMAN: partly. Raw STL is named for the Carestream route and there's a general uploader with packing instructions. A full accepted-format list across every scanner is not found in the 96 pages and PDFs we captured.

☐ Which parts of your case does the lab make, and which does it send out?

› Good: a clear split, and why. Dodge: "Everything's done in-house."

THE LAB'S ANSWER

DICKERMAN: partly, and the site says two things. One page says everything is milled and printed in-house. Another page says five abutment lines are milled at the manufacturer's facility. The honest reading is crowns and frameworks in-house, genuine abutments routed out on purpose. Ask the lab to confirm the split for the work you send.

☐ Will the lab see your patient for a shade appointment?

› Good: a real appointment with a stated time range. Dodge: "Send us the tab number."

THE LAB'S ANSWER

DICKERMAN: yes. It sees the patient at the lab in Sharon, Massachusetts, for 15 minutes to several hours, and it will do final characterisation while the patient waits. There's a fee and no figure for it is published, so ask what it is and who pays it.

☐ **Does the lab take clinical photographs, and does it say what it shoots with?**

› Good: a named camera and flash set-up. Dodge: "We use a shade scanner."

THE LAB'S ANSWER

DICKERMAN: yes. It publishes its camera and flash set-up, a Nikon D7000 with dual point flash, and it returns before and after prints plus the digital files you can show the patient.

☐ **What does the lab keep after the case ships?**

› Good: a stated retention practice, and what a copy costs. Dodge: "We probably still have it."

THE LAB'S ANSWER

DICKERMAN: partly. It publishes that original casts are routinely preserved, and it reuses your original design file for a repeat provisional at a reduced cost. How long anything is kept is not found in the 96 pages and PDFs we captured.

SECTION C. PEOPLE, MATERIALS AND WHERE THE WORK IS DONE

☐ **Can the lab name the technicians who will touch your case?**

› Good: a published roster with credentials. Dodge: "We have a team of experienced technicians."

THE LAB'S ANSWER

DICKERMAN: yes. Ten Certified Dental Technicians are named on the About page with their credentials, and the lab has been family run since 1965.

☐ **Is the lab a Certified Dental Laboratory, and do you know what that covers?**

› Good: yes, plus an honest description of what it reviews. Dodge: any claim that certification proves the restorations are better.

THE LAB'S ANSWER

DICKERMAN: yes, it is a Certified Dental Laboratory under the National Association of Dental Laboratories. Read it for what it is. The CDL looks at how the lab is organised, at infection control and at case management. It does not review the quality of any individual restoration.

☐ When a case goes sideways, who picks up the phone?

› Good: a named person and a direct route. Dodge: "Call the office and someone will help."

THE LAB'S ANSWER

DICKERMAN: yes. It publishes that Ira Dickerman CDT TE takes telephone support in the lab, and it publishes his email address for digital cases.

☐ Does the lab name the materials it works in?

› Good: named brands and systems, and when each is right. Dodge: any claim one material lasts longer than the others.

THE LAB'S ANSWER

DICKERMAN: yes, and it names them. Lava Plus and Lava Ultimate, IPS e.max, Katana ML zirconia, Lucitone and Noritake ceramics, plus Radica and milled PMMA for provisionals. This comes from the lab's own pages, so it's one source and not independently confirmed.

☐ Where is the work physically made?

› Good: a plain statement backed by something checkable. Dodge: "We're a domestic lab."

THE LAB'S ANSWER

DICKERMAN: yes. It states all its restorations are made in the USA, and every milling facility it names is a US city, which is why this one reads as confirmed rather than as a claim.

☐ Can the lab tell you the lot number of what went in your patient?

› Good: lot numbers retained per case. Dodge: "We only use premium materials."

THE LAB'S ANSWER

DICKERMAN does not publish this, not found in the 96 pages and PDFs we captured. That's a gap on the website. It's not evidence the lab lacks the practice, so ask them directly.

SECTION D. THE TERMS NOBODY PUTS IN WRITING

☐ Will the lab give you a turnaround time in writing, by case type?

› Good: in-lab working days per type, a rush option, a cut-off time. Dodge: "About two weeks, usually."

THE LAB'S ANSWER

DICKERMAN fails this one. There's no published turnaround time for any case type, not found in the 96 pages and PDFs we captured. The lab publishes appointment sequences for full-arch work, but that's your chair time, not its bench time. If you're considering DICKERMAN, ask for in-lab days by case type in writing before you send the first case.

☐ Are the remake terms written down, and do they say who pays?

› Good: a written warranty by type, a time limit, who pays, what voids it. Dodge: "We stand behind our work."

THE LAB'S ANSWER

DICKERMAN fails this one. There's no published warranty, no remake policy and no statement of who pays, not found in the 96 pages and PDFs we captured. The only warranty language on the site belongs to a parts manufacturer, not to the lab. Ask for the remake terms in writing, and ask whether chair time is ever covered.

☐ Is there a fee schedule you can actually see?

› Good: a schedule, or a plain "we quote per case, here's why." Dodge: "We're very competitive."

THE LAB'S ANSWER

DICKERMAN does not publish this, not found in the 96 pages and PDFs we captured. There's no price on the site and no dollar figure anywhere, so ask for a written fee schedule before you send a case.

☐ Who owns the design file, and will the lab release it?

- › Good: an ownership statement, a release process, any fee, retention time. Dodge: "Nobody ever asks for those."

THE LAB'S ANSWER

DICKERMAN does not publish this, not found in the 96 pages and PDFs we captured. The site does show the lab keeps and reuses your design file, because a repeat provisional is made from the original file at a reduced cost. Who owns that file isn't stated, so ask.

☐ Is there a written quality check, and can you see it?

- › Good: a per-case checklist, or verification steps written into the workflow. Dodge: "Everything gets checked twice."

THE LAB'S ANSWER

DICKERMAN: partly. There's no QC document to read, not found in the 96 pages and PDFs we captured. What it does publish is the verification steps inside its own workflows, including the one screw test and the verification index, which is the part you can act on.

Your score

Add up your ticks, out of 23.

19 TO 23	Your lab writes things down. You can hold it to what it publishes. Keep this page and check again in a year.
13 TO 18	Strong in places, quiet in others. Take the blanks to the phone call in chapter six. Most have an answer that simply isn't on the website.
7 TO 12	You're running on trust. That works fine until it doesn't. Get the terms in writing before your next big case.
0 TO 6	Nothing here is checkable. Run the two-case trial in chapter seven before you commit another full-arch case.

What to do this week

01 Circle every empty box.

Those are your questions, already written.

02 Call your lab and read them out loud, in order.

It takes about eleven minutes.

03 Write their answers next to the boxes.

Don't grade them yet.

04 Ask for anything unwritten, in writing.

One email. "Can you confirm this so I have it on file."

05 Start the two-case trial.

Two routine posterior cases, sent normally, scored on seven points.



KEY TAKEAWAY

No lab scores 23. DICKERMAN doesn't either, and you just read the two it fails. A perfect score was never the point. The blanks are the point. Every empty box is a question you now know to ask, and a question asked before the case is a case that doesn't come back.

Who made this

Dickerman Dental Prosthetics paid for this guide. It didn't choose the questions and it doesn't get to remove the ones it fails.

The guide was researched and written by Buzzword Strategies. The 23 questions came from the things dentists actually ask a lab first, checked against statutes, manufacturer programs, the National Association of Dental Laboratories' own published definition of the CDL, and peer-reviewed sources. Where the research is weak, we said so. That's why there's no micrometre threshold anywhere in chapter one.

Everything printed about the sponsor came from its own public website and its own published PDFs. We captured 96 pages and PDFs. Every time we say something isn't published, that's the boundary we're speaking inside.

Nothing in chapters one through seven is about the sponsor. That was the deal when we started.

If you want to talk to them

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