Dental Success Network

Are Your Full Mouth Rehab Cases Stressing You Out?

A self-audit for doctors and teams tackling complex restorative cases

Full mouth rehab cases don't go wrong at the chair — they go wrong in the weeks before. A missed pre-heat call, rushed photography, unclear lab communication, no stent from the wax-up. The checklist is what prevents all of it. Use this audit to find where your system has gaps.

> *"You don't rise to the level of your goals — you fall to the level of your systems."* ***— Dr. Chris Hill***

Before the Consultation — The Pre-Heat Call

- ■ **A team member calls every FMR patient before their consultation — not just sends a reminder.**
  The pre-heat call qualifies the patient, sets financial expectations, and saves chair time.
- ■ **The person making the call has a script — they aren't winging it.**
- ■ **Your team documents the call outcome in the patient's chart.**
  Engaged / neutral / price-sensitive — this shapes how the doctor approaches the consult.

At the Consultation — Photography and Examination

- ■ **You take a full standardized photo series at every FMR consultation.**
  Photos educate patients, guide the lab, and become your marketing. All three matter.
- ■ **Photography happens before the clinical exam — not after.**
  Patients who see their situation clearly accept treatment at higher rates.
- ■ **Your whole team can take the photos — not just one person.**
  The system shouldn't break when one person is out.
- ■ **You complete a TMJ screening and occlusal analysis on every new FMR patient.**

Case Presentation — Three Options, Every Time

- ■ **You always present three options: Do Nothing, Patch, and Full Fix.**
  Patients who feel in control of the decision accept at higher rates.
- ■ **You show a diagnostic wax-up or digital mockup before presenting fees.**
  Patients accept what they can visualize.
- ■ **You have a written case presentation workflow — not just an instinct.**
- ■ **You follow up with undecided patients within 3–5 days — not open-ended.**

Before You Prep — Lab and Pre-Op Readiness

- ■ **Your lab Rx specifies shade, material per tooth, and occlusal scheme — every time.**
  Vague lab communication is the most common source of cementation day surprises.
- ■ **You have a stent fabricated from the wax-up before preparation day.**
  Without a stent, your provisionals are guesswork.
- ■ **Perio is stable and complete before any restorative work begins.**
- ■ **You use the 10-over-10 sequence — anteriors first, posteriors after evaluation.**
  Prepping all 28 teeth at once dramatically increases risk and stress.

Cementation Day and Beyond

- ■ **You verify restorations on models before the patient arrives.**
  Discovering a problem at the chair is far more stressful than catching it the day before.
- ■ **You have a written try-in and cementation sequence — not improvised at the chair.**
- ■ **Post-delivery photos are taken at every cementation appointment.**
  Before/after photos are your best case acceptance tool for future patients.
- ■ **You discuss night guard at delivery — not as an afterthought later.**
  FMR restorations are an investment worth protecting from day one.
- ■ **You have a formal follow-up protocol — 1 week, 1 month, 6 months.**

How many did you check? 0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

17–20	Your FMR system is tight. These cases should feel predictable, not stressful.
10–16	Strong in places, gaps in others. The pre-heat call and lab comm are highest priority.
0–9	Real opportunity to systematize. Start with the pre-heat call — it changes everything upstream.

✏ *Think of your most stressful FMR case. Which phase on this checklist would have caught the problem before it reached the chair?*

*Based on DSN webinar content: "Full Mouth Rehab Without the 'Oh Sh*t!' Moments" featuring Dr. Chris Hill and Dr. Tater Dhoon.*