

- FIXED RESTORATIONS & IMPLANTS -
QUALITY CONTROL EVALUATION FORM

Dr. _____ Date: _____

Patient: _____ Unit(s): _____

Case sent via: Digital Analog/PVS

FIT/MARGIN

Tight Good Loose

OCCLUSION

High Good Short

CONTACTS

Tight Good Open

AESTHETICS/SHADE

Poor Good Excellent

OVERALL SATISFACTION

Unhappy Needs Work Happy

We strive for consistency in every case we fabricate. Please write your concerns, questions, or feedback on the space provided on the back of this card and return to the lab. Thank you!

