

- ORTHODONTIC -  
**QUALITY CONTROL EVALUATION FORM**

Dr. \_\_\_\_\_ Date: \_\_\_\_\_

Patient: \_\_\_\_\_ Unit(s): \_\_\_\_\_

Case sent via:  Digital  Analog/PVS

**FIT**  Tight  Good  Loose

**OCCLUSION/BITE**  High  Good  Short

**CLARITY (SPLINTS)**  Poor  Good  Excellent

**OVERALL SATISFACTION**  Unhappy  Needs Work  Happy

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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!

