Mabel DENTAL LAB

CASE EVALUATION FORM – FIXED RESTORATIONS

Doctor: _____ Patient: _____ Date: _____

YOUR OPINION MATTERS

Tell us how we're doing. Please provide us with your case feedback.

Please rate from 1 to 5 (5 being excellent and 1 being unacceptable)

Rx – design / preferences followed	1	2	3	4	5	n/a
Margins	1	2	3	4	5	n/a
Contacts	1	2	3	4	5	n/a
Fit	1	2	3	4	5	n/a
Shade	1	2	3	4	5	n/a
Occlusion	1	2	3	4	5	n/a
Esthetics	1	2	3	4	5	n/a
Contour	1	2	3	4	5	n/a
Overall Effect / Finish	1	2	3	4	5	n/a
Turnaround Time	1	2	3	4	5	n/a
Communication – notified case received/completed	1	2	3	4	5	n/a
Other Remarks (continue on back if needed):						

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