



Case Evaluation

Doctor:

Case Number:

Fixed Restoration

- | | | | |
|---------------|------------------------------------|-------------------------------------|--|
| 1. Occlusion: | <input type="checkbox"/> Excellent | <input type="checkbox"/> High | <input type="checkbox"/> Low |
| 2. Contacts: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Light | <input type="checkbox"/> Heavy |
| 3. Contour: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Bulky | <input type="checkbox"/> Under Contoured |
| 4. Margins: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Short-Open | <input type="checkbox"/> Over Extended |
| 5. Anatomy: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| 6. Fit: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Tight | <input type="checkbox"/> Loose |
| 7. Shade: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Light | <input type="checkbox"/> Dark |

Partial Restoration

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|--------------------|------------------------------------|-------------------------------------|--|
| 1. Frame Design: | <input type="checkbox"/> Excellent | <input type="checkbox"/> High | <input type="checkbox"/> Low |
| 2. Occlusion: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Light | <input type="checkbox"/> Heavy |
| 3. Clasp Adaption: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Bulky | <input type="checkbox"/> Under Contoured |
| 4. Retention: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Short-Open | <input type="checkbox"/> Over Extended |
| 5. Clasp Contour: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| 6. Overall Finish: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Tight | <input type="checkbox"/> Loose |

Denture Restoration

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|------------------------|------------------------------------|--|--|
| 1. Teeth Arrangement: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Over Emphasis | <input type="checkbox"/> Low |
| 2. Occlusion: | <input type="checkbox"/> Excellent | <input type="checkbox"/> High | <input type="checkbox"/> Heavy |
| 3. Peripheral Borders: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Thin | <input type="checkbox"/> Under Contoured |
| 4. Peripheral Borders: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Thin | <input type="checkbox"/> Over Extended |
| 5. Post Dam: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Light | <input type="checkbox"/> Heavy |
| 6. Festooning: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Light | <input type="checkbox"/> Heavy |
| 7. Retention: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Tight | <input type="checkbox"/> Loose |
| 8. Overall Finish: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |

Chair Time

- | | | | |
|--------------------------|----------------------------------|----------------------------------|---------------------------------|
| 1. Length of Chair Time: | <input type="checkbox"/> Shorter | <input type="checkbox"/> Average | <input type="checkbox"/> Longer |
|--------------------------|----------------------------------|----------------------------------|---------------------------------|

Quality Satisfaction

- | | | | |
|----------------------|------------------------------------|----------------------------------|-------------------------------|
| 1. Overall Case: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| 2. Pick Up/Delivery: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| 3. Customer Service: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |

Comments