

How Did We Do?

Please take a moment to fill out our case survey. We utilize this information to improve our service to you and your patients. Your comments and suggestions are appreciated.

Doctor Name: _____

Patient Name: _____

REMOVABLE PROSTHETICS

Fit Tight Good Loose
Occlusion High Good Open
Esthetics Excellent Good Poor
Instructions Followed? Yes No

FIXED PROSTHETICS

Fit Tight Good Loose
Shade Dark Good Light
Occlusion High Good Open
Contacts Tight Good Open
Margins Overextended Good Short-open
Esthetics Excellent Good Poor
Instructions Followed? Yes No

RELATIONS / CUSTOMER SERVICE

Received on Time? Yes No
Instructions Followed? Yes No
Require Major Adjustments? Yes No
Approximate Time to Seat: _____
Invoiced Correctly? Yes No