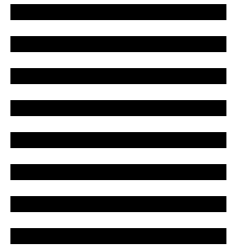




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NECESSARY
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PO BOX 839
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You will be entered in a monthly drawing for a \$25.00 Visa Gift Card!**

Doctor:

Patient:

Case #:

Circle the number which describes your opinion.

Expectations: **Exceeded** **Met** **Below**

Doctor satisfied	5	4	3	2	1
Patient satisfied	5	4	3	2	1
Seating time	How many minutes:				
Delivered on time	Yes/No				
Rx followed	Yes/No				
Call me	Yes/No				

FIXED RESTORATIONS

Margins	5	4	3	2	1
Contacts	5	4	3	2	1
Occlusion	5	4	3	2	1
Contour	5	4	3	2	1
Fit	5	4	3	2	1
Shade	5	4	3	2	1
Overall esthetics	5	4	3	2	1

REMOVABLE RESTORATIONS

Design (partials)	5	4	3	2	1
Set-up	5	4	3	2	1
Finish	5	4	3	2	1
Fit	5	4	3	2	1
Peripheral border	Overextended/ideal				

ORTHODONTIC APPLIANCES

Wire contour	5	4	3	2	1
Acrylic finish	5	4	3	2	1
Occlusion	5	4	3	2	1
Bands/brackets	5	4	3	2	1
Fit	5	4	3	2	1

COMMENTS/SUGGESTIONS:

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