

# QUALITY CONTROL



|               |
|---------------|
| Doctor        |
| Patient       |
| Work order no |
| Date          |

|                           |                             |                                 |                                |                               |   |
|---------------------------|-----------------------------|---------------------------------|--------------------------------|-------------------------------|---|
| <input type="radio"/> PFM | <input type="radio"/> E-MAX | <input type="radio"/> ZIRCONIUM | <input type="radio"/> PARTIALS | <input type="radio"/> IMPLANT | <input type="radio"/> MILLED PFM / ZIRCONIUM / NANO-GLASS |
|---------------------------|-----------------------------|---------------------------------|--------------------------------|-------------------------------|---|

### DELIVERY

|  |
|--|
| <input type="radio"/> Before posted time |
| <input type="radio"/> Just in time       |
| <input type="radio"/> After posted time  |
| <input type="radio"/> Other              |

### AESTHETICS

|                                      |
|--------------------------------------|
| <input type="radio"/> Very good      |
| <input type="radio"/> Good           |
| <input type="radio"/> Not satisfying |
| <input type="radio"/> Other          |

### SHADE / COLOR

|                                      |
|--------------------------------------|
| <input type="radio"/> Very good      |
| <input type="radio"/> Good           |
| <input type="radio"/> Not satisfying |
| <input type="radio"/> Other          |

### COMMENTS

|  |
|--|
|  |
|  |
|  |
|  |

### FIT

|                                      |
|--------------------------------------|
| <input type="radio"/> Very good      |
| <input type="radio"/> Good           |
| <input type="radio"/> Not satisfying |
| <input type="radio"/> Other          |

### OCCCLUSION

|                                      |
|--------------------------------------|
| <input type="radio"/> Very good      |
| <input type="radio"/> Good           |
| <input type="radio"/> Not satisfying |
| <input type="radio"/> Other          |

### INTER-DENTAL GAPS

|                                      |
|--------------------------------------|
| <input type="radio"/> Very good      |
| <input type="radio"/> Good           |
| <input type="radio"/> Not satisfying |
| <input type="radio"/> Other          |

### KONCONTACTS

|                                 |
|---------------------------------|
| <input type="radio"/> Very good |
| <input type="radio"/> Good      |
| <input type="radio"/> To tight  |
| <input type="radio"/> To broad  |
| <input type="radio"/> Other     |

### TOTAL JUDGEMENT

|                                      |
|--------------------------------------|
| <input type="radio"/> Very good      |
| <input type="radio"/> Good           |
| <input type="radio"/> Not satisfying |
| <input type="radio"/> Other          |

Please give us your time to answer questions in this document. We use collective information to enhance our service and quality to our good Doctors and clinics around the world.

Thanks ;-)

