

EVALUATION REPORT



Type of Case: \_\_\_\_\_

*Aesthetics and Functional Dentures for All your Patients*

Dr: \_\_\_\_\_ Date: \_\_\_\_\_

Patient : \_\_\_\_\_

	N/A	Excellent	Good	Neutral	Fair	Poor
Overall Design						
Overall Fit						
Retention						
Rest						
Clasps						
Finish						
Service						

Delivered On Time: \_\_\_\_\_ Yes \_\_\_\_\_ No

Insertion Time: \_\_\_\_\_ Mins.

WE WELCOME ADDITIONAL COMMENTS ; PLEASE USE REVERSE SIDE.

Dear Dr; Help us to provide you a good and better service, letting us Know how we did on every case. Thanks for your time.

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