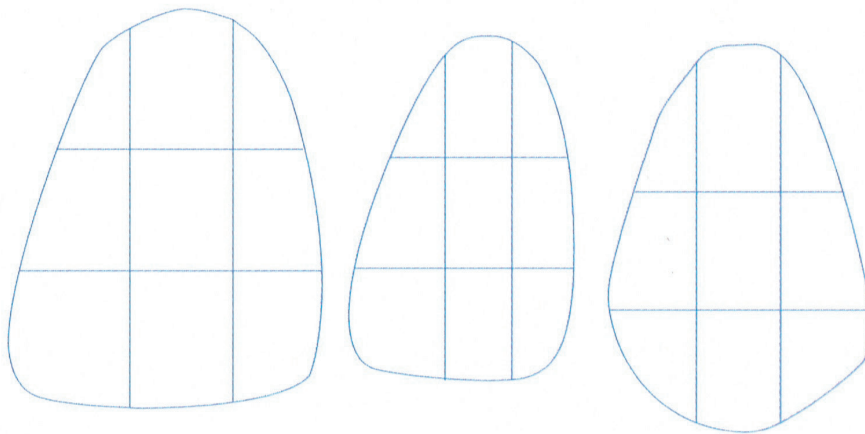


Patient's Name			
Dentist's Name			
Practice Name			
Practice Address			
Practice Phone			
Email Address			
Today's Date			
Finish Time and Date			
Work Required		Shade	

Call (02) 6236 5077 for pickup



Please remember to decontaminate all cases thoroughly before packing. | Please advise if you have used a haemostatic agent during impression.

Your feedback is important to us: please let us know how we are doing. Please circle the corresponding number- and thank you!

- | | | | | | | |
|----|---|---|---|---|---|---|
| 1. | I am satisfied with the overall quality of the work I received | 1 | 2 | 3 | 4 | 5 |
| 2. | The finished product met my expectations aesthetically | 1 | 2 | 3 | 4 | 5 |
| 3. | The margins of the finished product met my expectations | 1 | 2 | 3 | 4 | 5 |
| 4. | The contact area/s of the finished product met my expectations | 1 | 2 | 3 | 4 | 5 |
| 5. | The occlusion/occlusal morphology of the finished product met my expectations | 1 | 2 | 3 | 4 | 5 |
| 6. | The instructions on my prescription were interpreted correctly | 1 | 2 | 3 | 4 | 5 |
| 7. | My requested delivery date was met | 1 | 2 | 3 | 4 | 5 |
| 8. | The patient was satisfied with the finished product | 1 | 2 | 3 | 4 | 5 |

If there is more you wish to share with us, please call us or write your comments on the back of this form- thank you!