

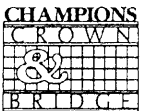
# QUALITY CONTROL - LAB

DOCTOR \_\_\_\_\_ DATE \_\_\_\_\_

PATIENT \_\_\_\_\_

RESTORATION \_\_\_\_\_ TOOTH NO. \_\_\_\_\_

	(-) GOOD (+)
1. RX INSTRUCTIONS _____	□ □ <input type="checkbox"/> □ □
2. OCCLUSAL CLEARANCE _____	□ □ <input type="checkbox"/> □ □
3. BITE _____	□ □ <input type="checkbox"/> □ □
4. CONTACTS _____	□ □ <input type="checkbox"/> □ □
5. OPPOSING MODEL _____	□ □ <input type="checkbox"/> □ □
6. PREP _____	□ □ <input type="checkbox"/> □ □
7. IMPRESSION _____	□ □ <input type="checkbox"/> □ □
8. SHADE DESCRIPTION _____	□ □ <input type="checkbox"/> □ □
9. COMMENTS _____	□ □ <input type="checkbox"/> □ □



## CHAMPIONS CROWN & BRIDGE REPORT CARD

9841 Whithorn Dr. • Houston, Texas 77095 • (281) 855-7800 Fax (281) 345-6655