PAL DENTAL ARTS, INC.

Quality Control

Dentist_____ Patient _____
Restoration_____ Insert time: _____Min

	Good	Avg	Poor		
Margins:				Shy	Open
Contacts:				Tight	Open
Contour:				Over	Under
Occlusion:				High	Open
Fit:				Tight	Loose
Shade:				Light	Dark
Esthetics:				Contour	Anatomy
Finish:				Ovrpolshd	Undrpolshd

Checked by _____Date_____

Comments: _____

_____

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