TECHNIC SCORE CARD

(*Please let us know how we're doing*)

Doctor_____Date_____

Patient_____Prosthesis_____

FIXED

	Light	Good	Tight
CONTACTS	☐	☐	☐
OCCLUSION	☐	☐	☐
FIT	☐	☐	☐
	Light	**Good**	**Dark**
SHADE	☐	☐	☐
	Over Ext	**Good**	**Short**
MARGINS	☐	☐	☐

REMOVABLE

	Over Ext	Good	Under Ext
PERIPHERY	☐	☐	☐
	High	**Good**	**Short**
OCCLUSION	☐	☐	☐
	Tight	**Good**	**Loose**
FIT	☐	☐	☐
	Excellent	**Good**	**Poor**
ESTHETICS	☐	☐	☐

SPLINTS & ORTHODONTICS

	Excellent	Good	Poor
FINISH	☐	☐	☐
FIT	☐	☐	☐
OCCLUSION	☐	☐	☐

REMARKS_____

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Thank You!

Doctor, please take a moment to help us meet your needs.

Technology That Produces Shining Results

Technic

Dental Lab

(708)479-1212

www.TechnicDentalLab.com

Please return with your next case.

Thank You!