



GARDALI
CROWN AND BRIDGE LABORATORY



ImplantONE™



Patient Specific Case Audit :

Doctor: _____

Patient Name: _____ Seat Date: _____

RX Followed? Yes / No

Returned by due date? Yes / No

Fit: Tight Ideal Loose

Shade: Light Ideal Dark

Occlusion: High Ideal Open

Contacts: Tight Ideal Loose

Margin: Short Ideal Over

Esthetics: Poor Good Excellent

Comments: