

Doctor Name

# Harmony Dental Laboratory

## Quality Assurance Scorecard

Date

Patient Name

PARTIAL DENTURE

Type of Case

In-Lab Final Quality Check	
Overall Fit	<input type="radio"/> Good
Overall Retention	<input type="radio"/> Adequate
Framework Design	<input type="radio"/> Per Preferences
Saddle Extensions	<input type="radio"/> Accurate
Occlusion	<input type="radio"/> Accurate
Anatomy & Festooning	<input type="radio"/> Per Preferences
Overall Finish	<input type="radio"/> Excellent
Prescription Followed	<input type="radio"/> Yes
Comments _____	
Quality Checked By: _____	

Chairside Quality Check			
Overall Fit	<input type="radio"/> Loose	<input type="radio"/> Good	<input type="radio"/> Tight
Overall Retention	<input type="radio"/> Adequate		<input type="radio"/> Inadequate
Framework Design	<input type="radio"/> Heavy	<input type="radio"/> Good	<input type="radio"/> Light
Saddle Extensions	<input type="radio"/> Over	<input type="radio"/> Accurate	<input type="radio"/> Under
Occlusion	<input type="radio"/> High	<input type="radio"/> Accurate	<input type="radio"/> Infra
Anatomy & Festooning	<input type="radio"/> Too Much	<input type="radio"/> Good	<input type="radio"/> Too Little
Overall Finish	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Acceptable
Prescription Followed	<input type="radio"/> Yes		<input type="radio"/> No
Patient Satisfaction	<input type="radio"/> Happy	<input type="radio"/> Satisfied	<input type="radio"/> Acceptable
Comments: _____			