

Furniture Medic Cabinet Refinishing Questionnaire

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: Home _____ Cellular _____

LOCATION: Kitchen _____ Bath _____ Other _____
(Use one form for each location)

- # of Door fronts _____
- # of Drawer fronts _____
- # of Dummy panels _____ (Refrigerator, Dishwasher, Under the sink, etc)
- # Wall Groups: # Upper _____ # Lower _____ (Sets of cabinets – take photos)
- Islands or Peninsulas Yes ___ No ___ (Take photo if Yes)
- Currently: Painted ___ Stained ___ Natural ___
- Going to: Painted ___ Stained ___ Natural ___

- Anything of special note: (Built-ins, special colors etc,)

- List any major defects: (take photo)

- Any additions going in (Explain)

