



Please fax this completed form to (901) 372-8617 or Email to pictures@rdentalb.com. We cannot schedule a custom shade appointment until this information is received!

CUSTOM SHADE MATCHING FORM

Doctor Name _____

Patient Name _____

Patient Phone _____

Date Case Will Be Sent to R-dent _____

SPECIAL INSTRUCTIONS

CUSTOM SHADE SURVEY

Desired Material

- INfinite Layered Zirconia
- IPS e.max with Cutback
- PFM (Non-Precious, Semi-Precious, or High Noble)

Single Unit or Bridge Restoration?

- Single Unit
- Bridge

Which tooth number(s) are we replacing?

Which Tooth Number(S) Are We Matching Shade To?

Is Patient Bleaching?

- YES
- NO

Does Patient Have an Implant?

- YES
- NO

If YES: Zirconia or Titanium? _____

Is the Stump Shade Dark?

- YES
- NO

If YES: What shade? _____