

CUSTOM SHADE TRANSFER FORM

INSTRUCTIONS

Doctor:

Complete the top portion of this form and give to the patient.

Patient:

1. Contact International Dental Arts (IDA) to schedule a custom shade appointment and inform IDA that this is a custom shade appointment *on behalf of Express Dental Lab.*

Call: 800-741-0002

2. Bring this form with you to the appointment.

International Dental Arts

5219 E. 69th Place

Tulsa, OK 74136

International Dental Arts (IDA):

Complete the bottom portion of this form and send to EDL.

DOCTOR SECTION

Patient Name: _____

Doctor Name: _____

Doctor Signature: _____

Date of Referral for Custom Shading: _____

**A completed Rx must be submitted to EDL before a custom shading appointment can be scheduled with IDA.*

IDA SECTION

Date of Custom Shading Appointment: _____

Custom Shade Details: _____

**Intra-oral photos are required at all custom shade appointments.*

Custom Shading Technician: _____