



**B&B DENTAL  
CERAMIC ARTS**

*Member of D.D.S Group  
Dental Design Solutions*



**CUSTOM SHADE  
APPOINTMENT**

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\_\_\_\_\_  
DOCTOR NAME Date/ Time

\_\_\_\_\_  
Last First

\_\_\_\_\_  
PATIENT NAME Phone #

PFM/PFC  Zirconia  IPSE.Empress  IPS e.max  Procera  Feldspathic  Other

***PLEASE NOTE: Wait at least 24 hours after impression for custom shade appointment time, due to dehydration of teeth.***

### Pre-Screening

Y  N Patient Bleaching?

If **YES**, Has it been 2 weeks since last bleaching? \_\_\_\_\_

If **NO**, ask if the patient plans on bleaching? Finish Date

- 1) Tell the patient: "The restoration will match the color of your teeth the day you come in for the shade appointment"
- 2) Tell the patient: "Your first appointment will take up to **20 minutes**, also your second appointment with us will take up to **2 Hours**. During your second appointment we will match the final shade and shape."

### General Questions

Y  N Have these crowns been made before?

If **YES**, Do you like the crowns that were made? \_\_\_\_\_

If **YES**, What didn't you like about? \_\_\_\_\_

Y  N Does the patient like the shape of the temporary? \_\_\_\_\_

Y  N Does the patient want to change anything? \_\_\_\_\_

Y  N Any future restorations to be made? \_\_\_\_\_

\_\_\_\_\_  
DOCTOR SIGNATURE LICENSE NO. DATE