



CUSTOM SHADE APPOINTMENT

DR. NAME _____

PATIENT NAME _____

DAY _____ DATE _____ TIME _____

CROWN CHECK APPOINTMENT AT CRN

PATIENT NAME _____

DAY _____ DATE _____ TIME _____



8015 SHOAL CREEK BLVD., #211, AUSTIN, TX 78757
LOCATED ON THE 2ND FLOOR
(512) 451-6511



*Don't forget to stop
bleaching at least 5 days
before your appointment!*

