

# DPS Custom Shade Referral

To be filled in by the referring office: Date seen by Dr: \_\_\_\_\_

Dr.: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Tooth: \_\_\_\_\_ Restoration Type: \_\_\_\_\_

Reshade or New Shade Case is:  at DPS  with patient  
(Circle One)  please pick up

Call 800-332-3341 or 319-393-1990 and ask to speak with

Kami (crown & bridge) or Jeanie (removable) to schedule a custom shade appointment

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please bring this card with you to your shade appointment.  
Masks are required to enter the building.  
See reverse side for a map



DENTAL PROSTHETIC SERVICES  
1900 51st Street NE, Cedar Rapids, Iowa 52402  
800-332-3341 319-393-1990  
www.DPSDental.com



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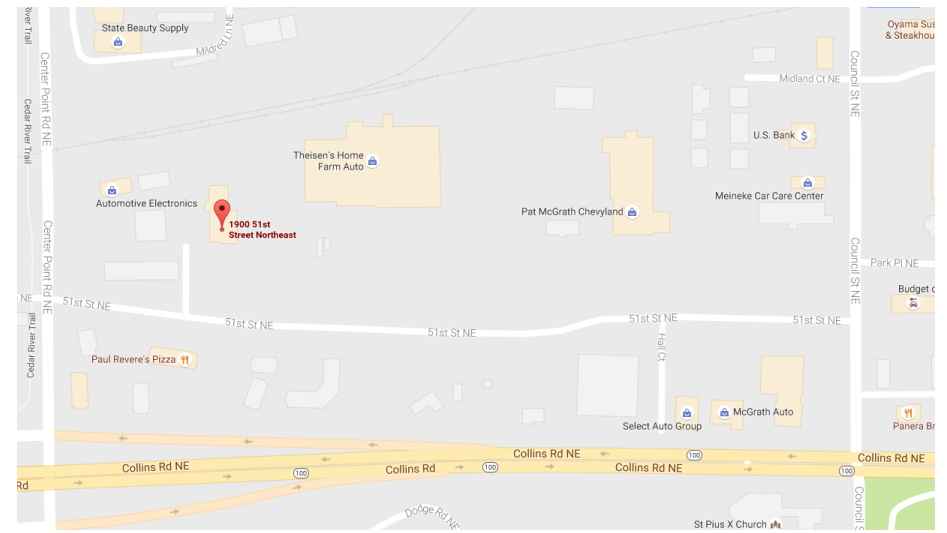
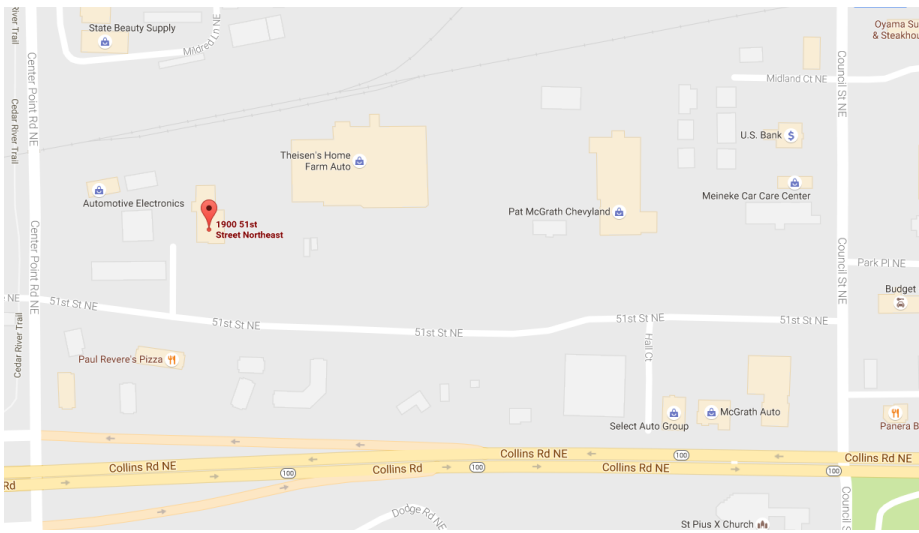
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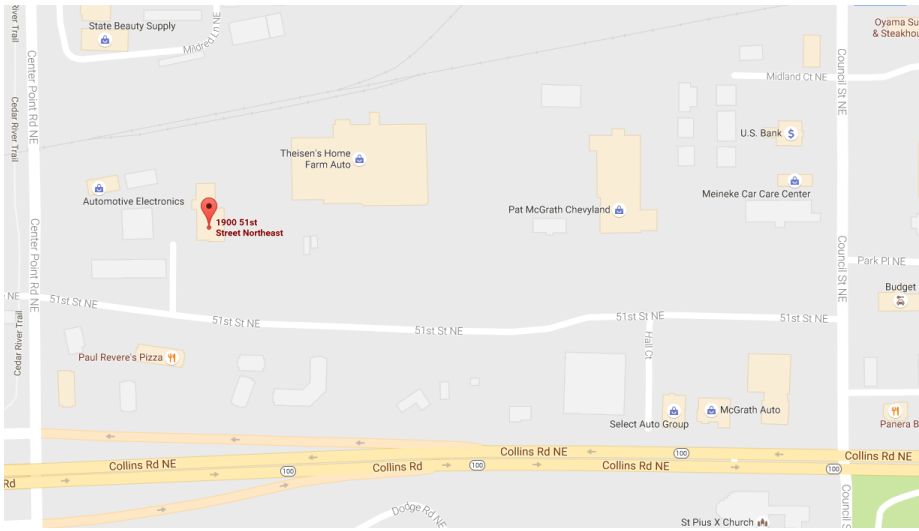
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