

Tattooed Tooth Prescription Form – Patient Friendly

**Pacific Dental Arts, Inc.
3621 Ensign Rd. NE #A
Olympia, WA. 98506**

Ph: 360-438-1882
Toll Free: 877-438-1882
Fax: 360-491-6403

Greg Wallace, C.D.T.
crownsbygreg@aol.com

Admin: pdainc@aol.co

Patient's Name _____ Phone# _____

E-mail _____ Age _____ Sex _____

Dr. _____ Phone# _____

Address _____ Date _____

_____ E-mail _____

_____ Tooth# _____ Shade _____

Which side of the tooth would you like the artwork on.....

- Labial (lip/cheek side)
- Lingual (toward tongue)
- Size of Artwork.....
- Large / As large as possible
- Medium / Normal size to fit on tooth
- Small / As small as possible (difficult to see)
- Picture or Detailed description of what you want on the tooth.
