

Color Communication Form

Patient: _____

Mr/Mrs/Ms: _____

Dental practice: _____

Shade taken by: _____

Date: _____

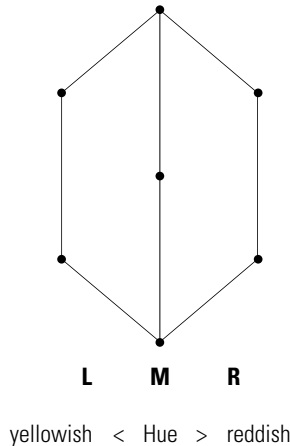
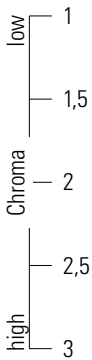
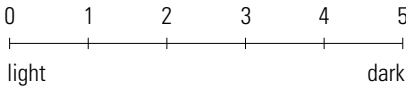
Additional documentation:

☐ photo

☐ anatomical model

☐ none

Value



Layering technique:

☐ youthful

☐ normal

☐ abraded

Surface lustre:

☐ glossy

☐ matt

Incisal edge:

☐ whitish

☐ bluish

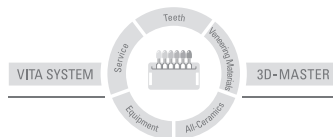
☐ greyish

Tooth color: _____ Anteriors: _____ Canines: _____ Posteriors: _____

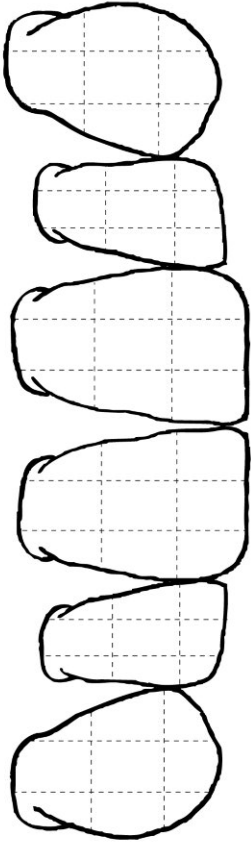
Remarks: _____

☐ Consultation

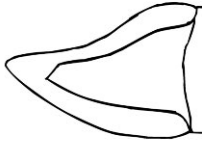
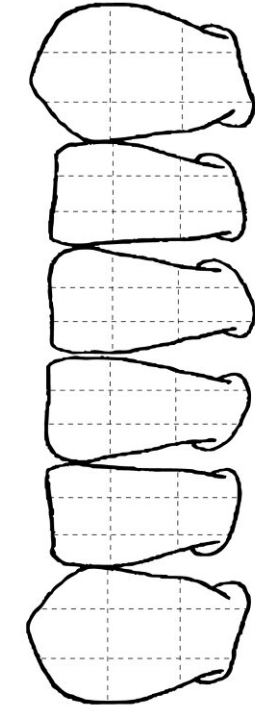
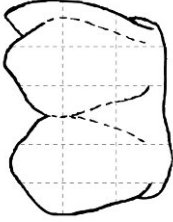
☐ See reverse



VITA



17 16 15 14 | 24 25 26 27
47 46 45 44 | 34 35 36 37



13 12 11 | 21 22 23
43 42 41 | 31 32 33

Anterior design

- ☐ individual
- ☐ regular
- ☐ as in anatomical model

Mamelons

- ☐ yes
- ☐ no

Enamel cracks

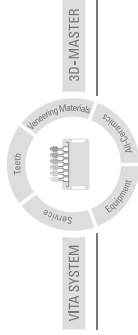
- ☐ yes
- ☐ no

Secondary dentine

- ☐ yes
- ☐ no

Colored occlusal surfaces / fissures

- ☐ yes
- ☐ no



VITA