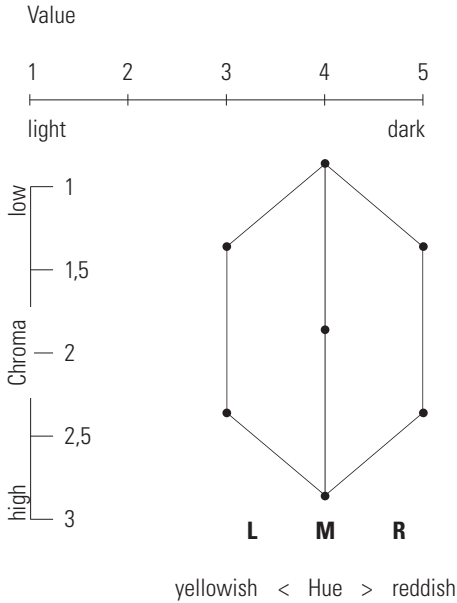


Color Communication Form

Patient _____
 Mr/Mrs/Ms: _____
 Dental practice: _____
 Shade taken by: _____
 Date: _____

Additional documentation:

- photo
- anatomical model
- none



Layering technique:

- youthful
- normal
- abraded

Surface lustre:

- glossy
- matt

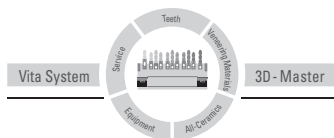
Incisal edge:

- whitish
- bluish
- greyish

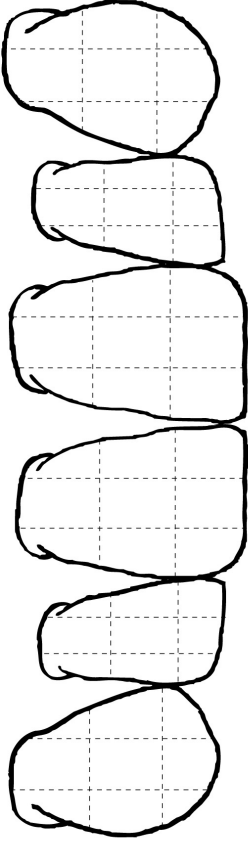
Tooth color: _____ Anteriors: _____ Canines: _____ Posteriors: _____

Remarks: _____

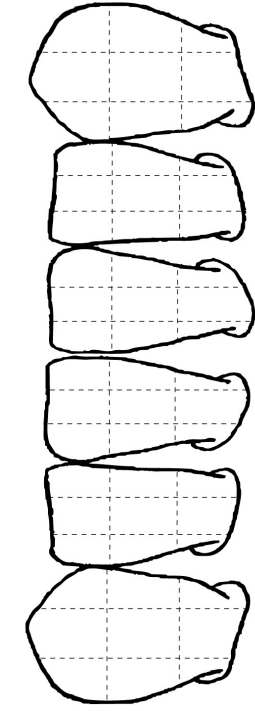
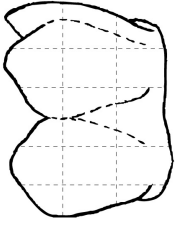
- Consultation
- See reverse



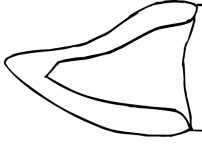
VITA



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

