Color Communication Form

Patient
Mr/Mrs/Ms: ____________________________

Dental practice: ____________________________

Shade determined by: ____________________________

Date: ____________________________

Additional documentation:

- [ ] photo
- [ ] anatomical model
- [ ] none

Lightness level (Value)

0 1 2 3 4 5
light dark

Layering technique:

- [ ] youthful
- [ ] normal
- [ ] abraded

Surface luster:

- [ ] glossy
- [ ] matte

Incisal edge:

- [ ] whitish
- [ ] bluish
- [ ] greyish

Chroma

low

1

1.5

2

2.5

3

glossy
matte
whitish bluish greyish

Lightness level (Value)

0 1 2 3 4 5
light dark

Layering technique:

- [ ] youthful
- [ ] normal
- [ ] abraded

Surface luster:

- [ ] glossy
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Incisal edge:

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- [ ] greyish

Tooth color: _______ Anteriors: _______ Canines: _______ Posteriors: _______
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