

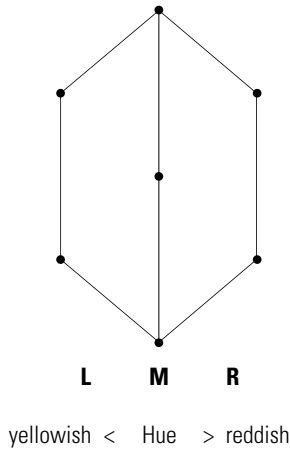
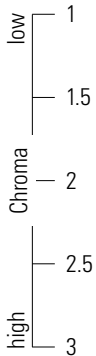
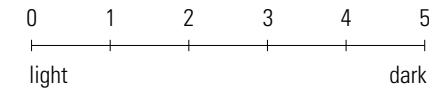
Color Communication Form

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

Additional documentation:

- photo
- anatomical model
- none

Lightness level (Value)



Layering technique:

- youthful
- normal
- abraded

Surface luster:

- glossy
- matte

Incisal edge:

- whitish
- bluish
- greyish

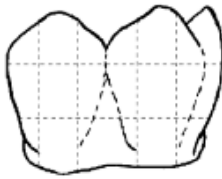
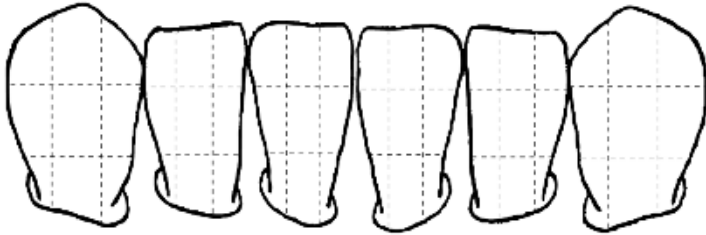
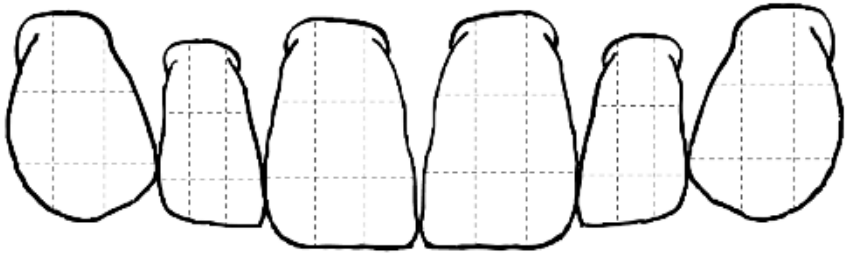
Tooth color: _____ Anteriors: _____ Canines: _____ Posteriors: _____

Remarks: _____

- Consultation
- See reverse

VITA shade, VITA made.

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 Enamel cracks Secondary dentine Colored occlusal surfaces/fissures

yes yes yes yes

no no no no

VITA