

Referral / Shade Description Sheet

Surgery use only

Dentist _____
SURNAME GIVEN NAMES

Client _____
SURNAME GIVEN NAMES

Shade Appointment _____ Date _____ Time _____

Try In Appointment _____ Date _____ Time _____

Insert Date _____

Tooth/Teeth to be restored _____

Type of Restoration _____

Core Type / Colour _____

Email / Slides _____

Laboratory use only

Case Number _____

Shade Technician _____

Shade Spectrometer _____

Crown Shape _____

Photographs _____

Case in / out / On Hold _____

Dentist Referral Notes

| Ceramist | | | |
|-----------------|--|--------------|--|
| Zirconia Type | | Power Chroma | |
| Zirconia Colour | | Dentine | |
| Pressable Ingot | | Enamel | |
| Opaque | | Transpa | |
| Margin | | Stains | |
| Tissue Colour | | Final Margin | |

| Lustre Type | None | Low | Med | High |
|------------------|------|-----|-----|------|
| Perikymata | | | | |
| Natural Glaze | | | | |
| Glaze with paste | | | | |
| Rubber | | | | |
| Pumice Polish | | | | |
| Diamond Polish | | | | |



BIOART
 Creative Dental Technicians