

# 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**

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<b>Ceramist</b>			
Zirconia Type		Power Chroma	
Zirconia Colour		Dentine	
Pressable Ingot		Enamel	
Opaque		Transpa	
Margin		Stains	
Tissue Colour		Final Margin	

<b>Lustre Type</b>	<b>None</b>	<b>Low</b>	<b>Med</b>	<b>High</b>
Perikymata				
Natural Glaze				
Glaze with paste				
Rubber				
Pumice Polish				
Diamond Polish				



**BIOART**  
 Creative Dental Technicians