

SABA SHADE COMMUNICATION FORM

Doctor: _____

Date: _____

Patient Mr./Ms: _____ Age: _____

Patient Ph #: _____

Please note:

A: In order to prevent tooth dehydrate and shade change, Please **take shade before injection**.

B: Ask patient to **wipe off her lip sticks**, to avoid light reflection.

C: Use the **gray card view finder** to find the shade of one tooth only.

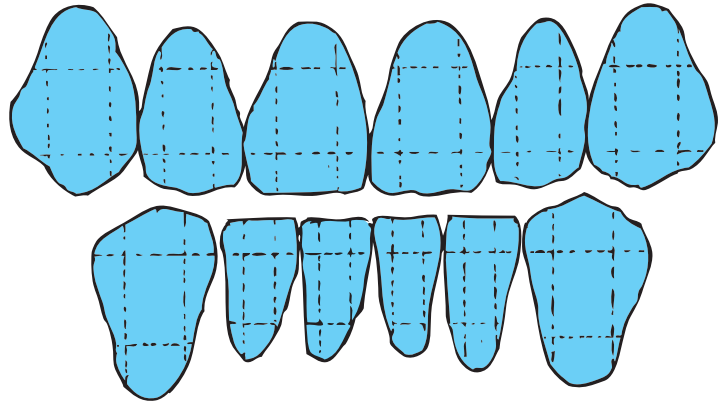
D: Do not stare at tooth more than **5 seconds**, Look at the **blue color** for rest.

E: Suitable light condition and background color is one the most important basics of shade taking steps, (150-200 foot candle quantity of light, **5500 kelvin** color temperature near patient).

1-Basic shade _____

2-Stump shade (shade after prep) _____

3-Surface glossy matt



4-Transparency in incisal (glassy effect). Locate it on sketch

- High/Dark
- Medium/Gray
- Low /Blue



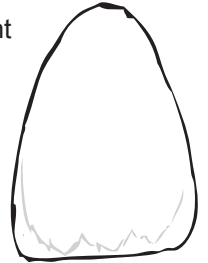
5-Tranlucency (milky effect). Locate it on sketch

- High (close to white)
- Medium
- Low

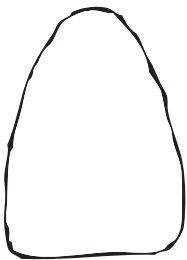


6- Shade and appearance of **mamelons**

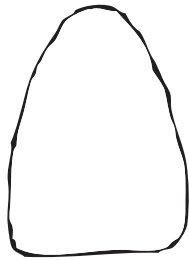
- Shade _____
- Appearance
- prominent
 - medium
 - faint



7- **Calcification** intensity and location .



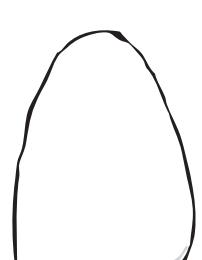
8-Shade and location of **stain**. Locate it on sketch



9-Shade and location of **Enamel Cracks**

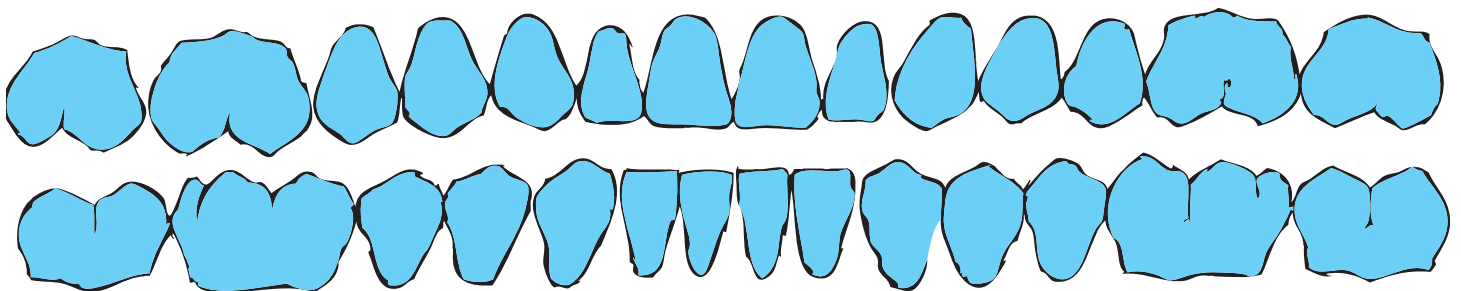
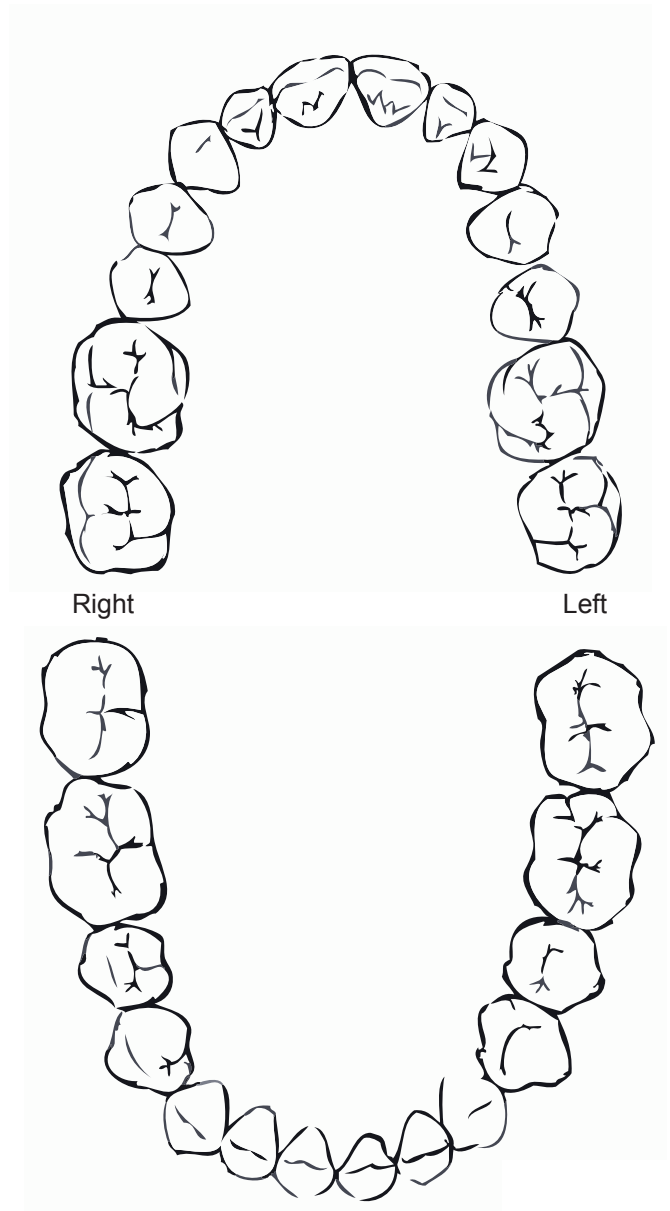
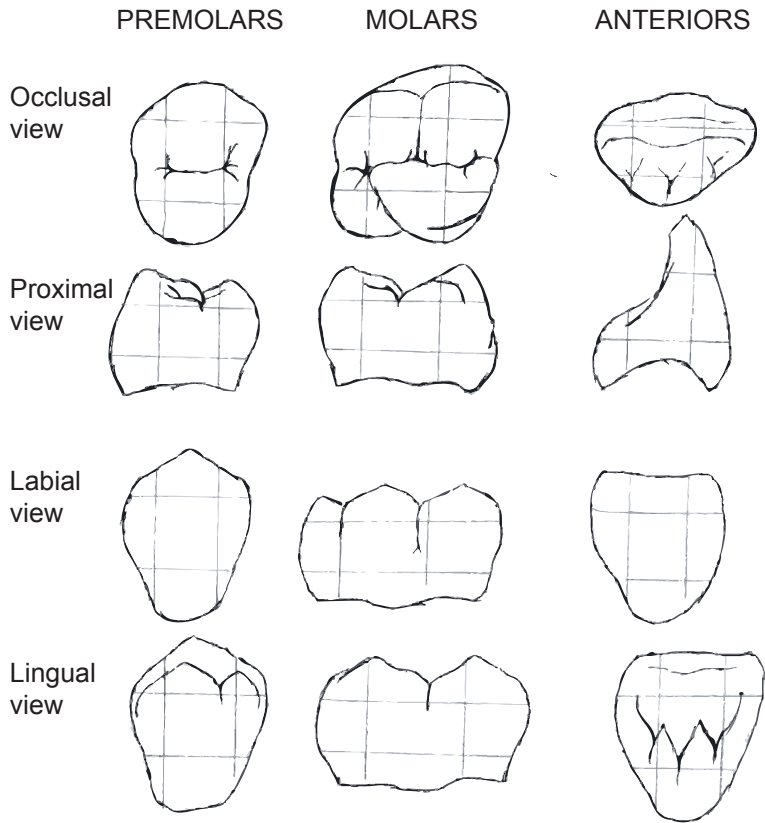


10-**Incisal halo** On sketch.



11-Layering technique Youthful Middle aged Abrasion

12-Shade of Lingual _____
 Interproximal _____
 Face skin _____
 Adjacent teeth _____
 Opposing teeth _____



13-If possible, take a picture of shade guide beside tooth .