SABA
SHADE COMMUNICATION FORM

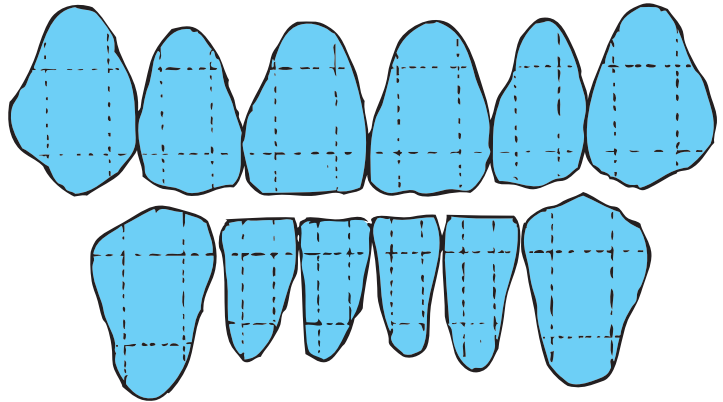Doctor:_____   Date:_____

Patient Mr./Ms:_____ Age:_____   Patient Ph #:_____

close-up	smile	full face	profile
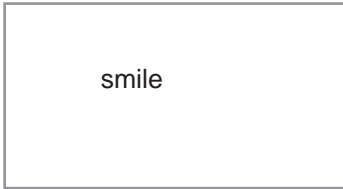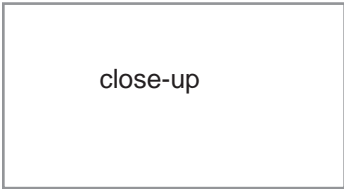
Please note, in order to prevent tooth dehydrate
and shade change, Please take shade before injection.

1-**Basic shade**

2-**Stump shade** (shade after prep) _____

3-**Surface**   ❑   glossy   ❑   matt

4-Transparency in incisal
(glassy effect). Locate it on sketch
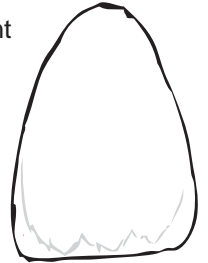
❑   High/Dark
❑   Medium/Gray
❑   Low /Blue

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

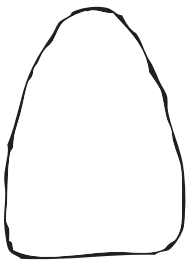❑   High (close to white)
❑   Medium
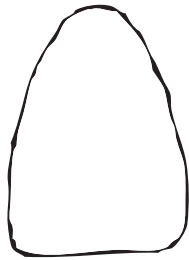❑   Low

**6- Shade and appearance
of mamelons**

Shade _____
Appearance
❑   prominent
❑   medium
❑   faint

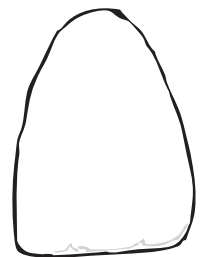**7- Calcification**
intensity and location .

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

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

10-Incisal halo
On sketch
Shade _____

11-Layering technique   ❑   Youthful   ❑   Middle aged   ❑   Abrasion

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Labial	Occlusal	Lingual	Proximal

12-Shade of   Lingual _____

Interproximal _____

Face skin _____

Adjacent teeth _____

Opposing teeth _____

	PREMOLARS	MOLARS	ANTERIORS
Occlusal view			
Proximal view			
Labial view			
Lingual view			

Right   Left