Prosthodontic Shade Selection Record

Patient Name				
Date				
Operator				
Tooth/Teeth I	Number(s)			
Shade Guide	e Used			
Lighting Con	dition			
Selected Shade				
Surface Characteristics				
Stump Shade	е			
Other Notes				
Shade Mapping:				
Tooth	Cervical Third	Middle Third	Incisal Third	Translucency