

Dental Shade Matching Record

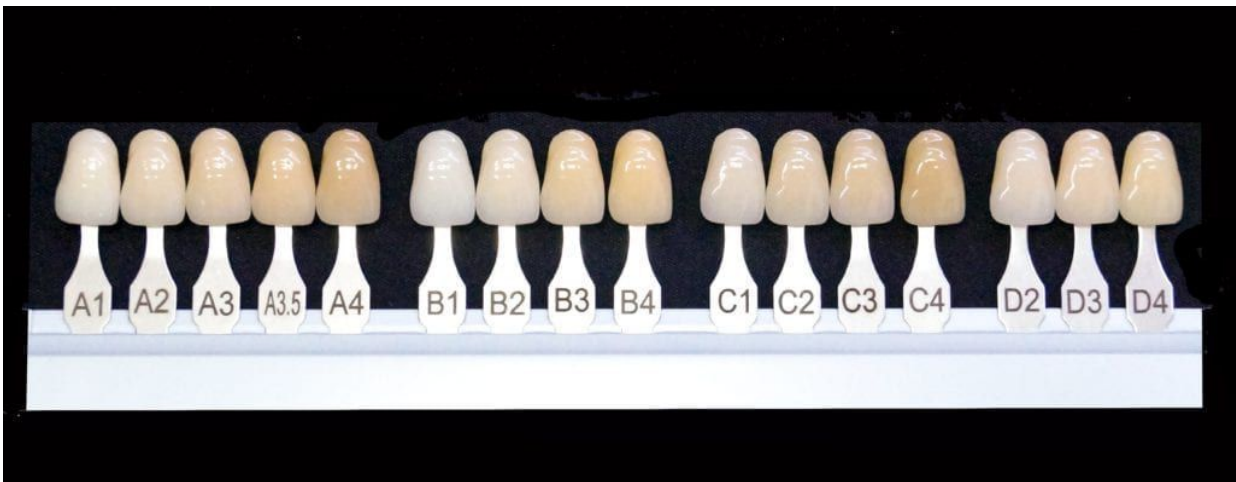
Patient Information:

Name: _____

Date: _____

Dental Practitioner: _____

Preliminary Examination:



Main reason for shade matching:

- ☐ Whitening
- ☐ Veneers
- ☐ Crowns
- ☐ Dentures
- ☐ Other: _____

Initial Shade (before treatment if applicable): _____

Shade Matching Procedure:

1. Natural Lighting Verification:

- ☐ Adequate
- ☐ Inadequate

2. Teeth Cleaning Prior:

☐ Yes

☐ No

3. Reference Teeth Color Chart Used:

☐ Digital App (Carepatron)

☐ Physical Shade Guide

☐ Other: _____

4. Matched Shade: _____

Post-treatment (if applicable):

Treatment Done: _____

Post-treatment Shade: _____

Patient Feedback:

Satisfaction with Matched Shade:

☐ Very Satisfied

☐ Satisfied

☐ Neutral

☐ Unsatisfied

☐ Very Unsatisfied

Comments: _____

Practitioner Notes:

Recommendations for future visits: _____

Next Appointment Date (if needed): _____

Signature (Dental Practitioner): _____ **Date:** _____

Signature (Patient): _____ **Date:** _____

Note: Always store this record securely, maintaining patient privacy and confidentiality as per the healthcare guidelines and regulations.