

Dental Shade Matching Record

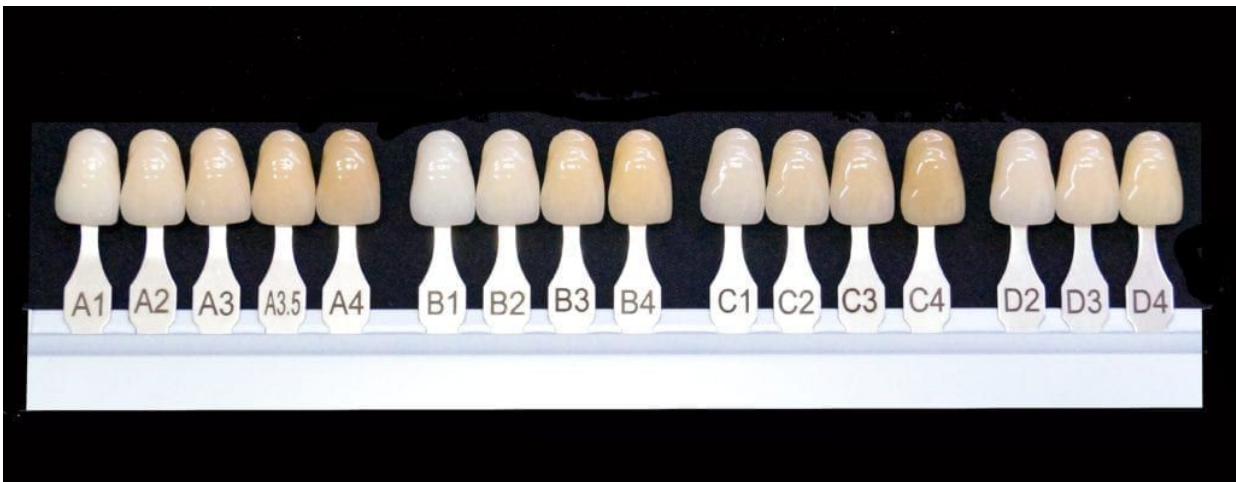
Patient Information:

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.