



**LONE MOUNTAIN  
DENTAL STUDIO, L.L.C.**

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Dr. \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_ (Important)  
Address \_\_\_\_\_  
Patient \_\_\_\_\_  
Date Due \_\_\_\_\_ Appt. Time \_\_\_\_\_

# SHADE RECORD



## TYPE OF RESTORATION

Composite      All Ceramic      Metal Ceramic      Cast Metal

**TARGIS**  
TARGIS DECTRI  
Sinfony™

**EMPRESS**  
Eris™ (EMPRESS 2)  
Authentic  
Lava® Ceram

**IPS d.SIGN**  
Authentic

## Instructions:

①. Change Gingival Height

②. Shade

③. Central Length

④. Incisal Edge Translucency

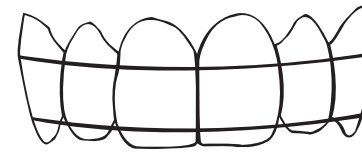
Transparent  
Translucent  
None

⑤. Midline

Inclination Change  
Position Change

⑥. Incisal Embrasures: check one

Square:      Mesial      Distal  
Round:      Mesial      Distal



①. Value (Amount of Reflection)

High = Bright  
Medium  
Low = Dark

②. Hue (Color)

White  
Yellow  
Orange  
Gray  
Brown

③. Chroma (Saturation of Color)

(Shade) \_\_\_\_\_

④. Occlusal Fossa Halo

None  
Bamboo (Pale Yellow)  
Bamboo/Orange  
Copper  
Azure (Blue)  
Cork (Lt. Brown)

⑥. Hypo Calcification

None  
Light - WS1  
Medium - WS2  
Dark - WS3  
(Mosaic Shade Tabs)

⑤. Pit/Fissure Characterization

None - BS0  
Light - BS1  
Medium - BS2  
Dark - BS3  
(Mosaic Shade Tabs)

PONTIC DESIGN CIRCLE ONE



Signature \_\_\_\_\_ License # \_\_\_\_\_

PLEASE SEND:

Prescription Pads	Mailing Boxes	Mailing Labels



www.davegrincdt.com