

# Zahnfarbbestimmung



**Patient**

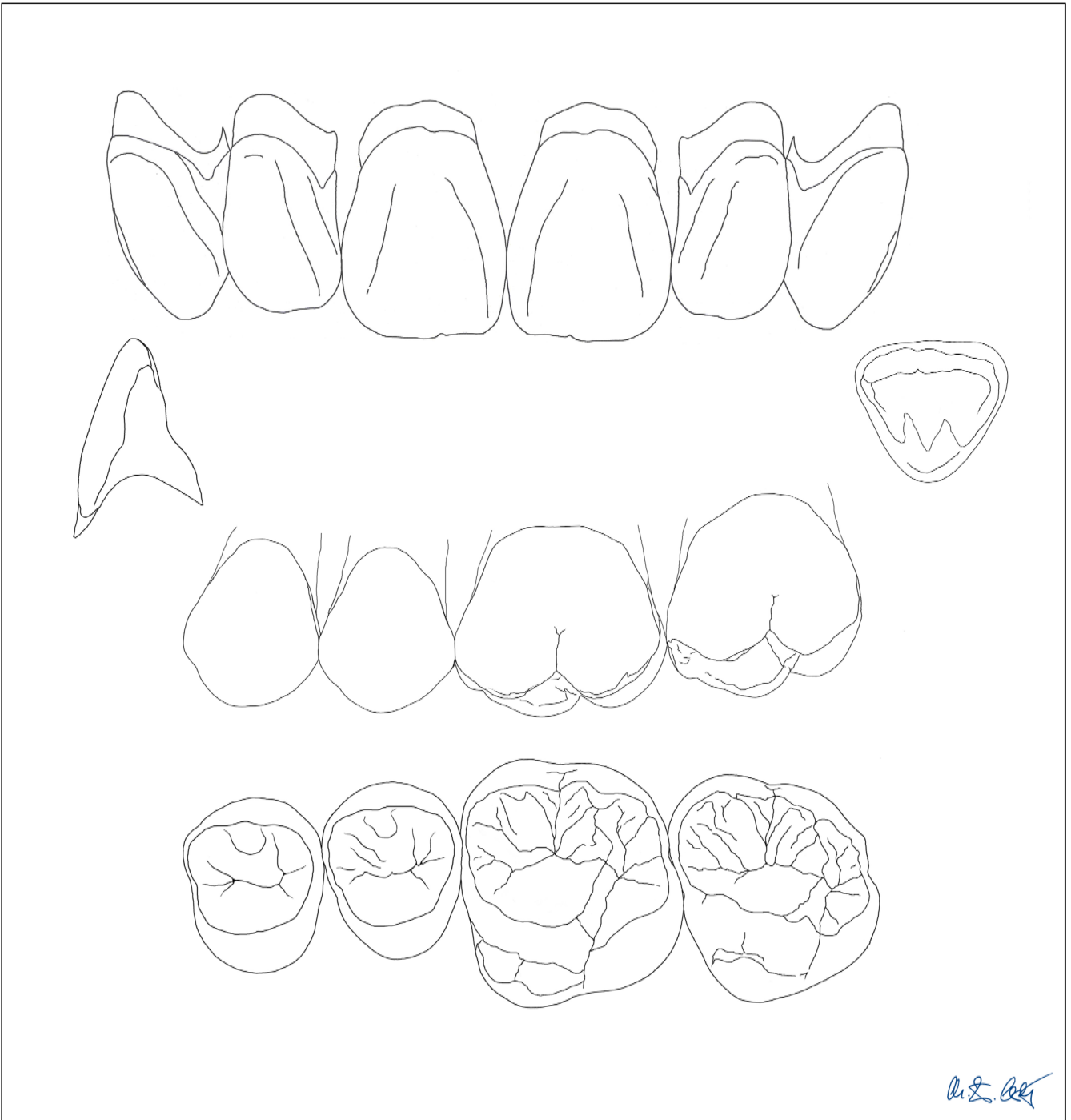
Frau/Herr \_\_\_\_\_  
 Alter: \_\_\_\_\_  
 Praxis: \_\_\_\_\_  
 Behandler: \_\_\_\_\_

- replica             replica\_p
- cosmica            cosmica\_p
- classica            unica
- Vollzirkon

**Grundfarbe**

O _____	E _____
L _____	E+ _____
M _____	OE _____
OD _____	OT _____
D _____	T-Neutral _____
CD _____	T-Semi _____
FLU _____	T-Clear _____
SM _____	CT _____
ID _____	Gingiva _____

**Notizen:**



*Handwritten signature*