



Town & Country Dental Studios
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PATIENT SHADE INFORMATION FORM:

DENTAL PRACTICE'S NAME: _____

DOCTOR'S NAME: _____ TEL: _____

PATIENT'S NAME: _____

DATE: _____

PATIENT SHADE SELECTION AND NOTES:

HUE (Color): _____

VALUE (Dark to Bright): _____

CHROM (Color saturation): _____

ADD EXTRA NOTES HERE SUCH AS LUSTRE, TEXTURE, TRANSLUCENCY OR ANY FURTHER VISIBLE DETAILS. ALWAYS EMAIL ANY PHOTOS TO CASEPHOTOS@TNCDENTAL.COM.

NOTES:


