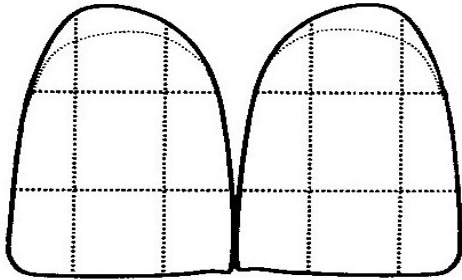




Shade Characterizations

Date: _____ Patient _____

Restoration _____ Tooth # _____



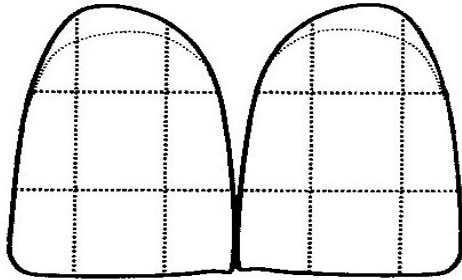
Comments: _____



Shade Characterizations

Date: _____ Patient _____

Restoration _____ Tooth # _____



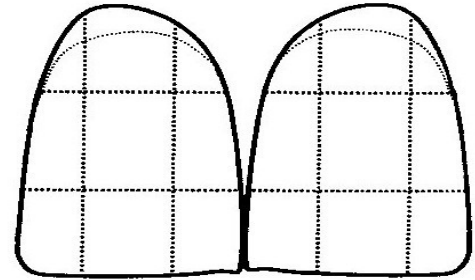
Comments: _____



Shade Characterizations

Date: _____ Patient _____

Restoration _____ Tooth # _____



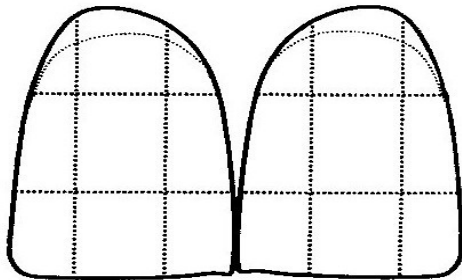
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Shade Characterizations

Date: _____ Patient _____

Restoration _____ Tooth # _____



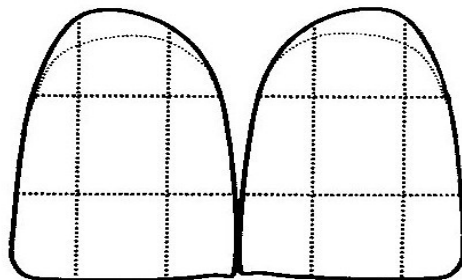
Comments: _____



Shade Characterizations

Date: _____ Patient _____

Restoration _____ Tooth # _____



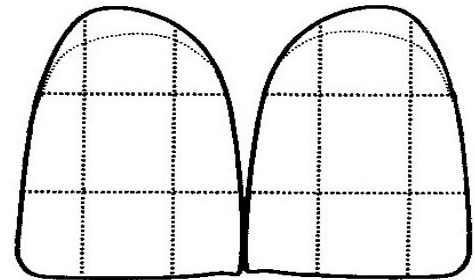
Comments: _____



Shade Characterizations

Date: _____ Patient _____

Restoration _____ Tooth # _____



Comments: _____

