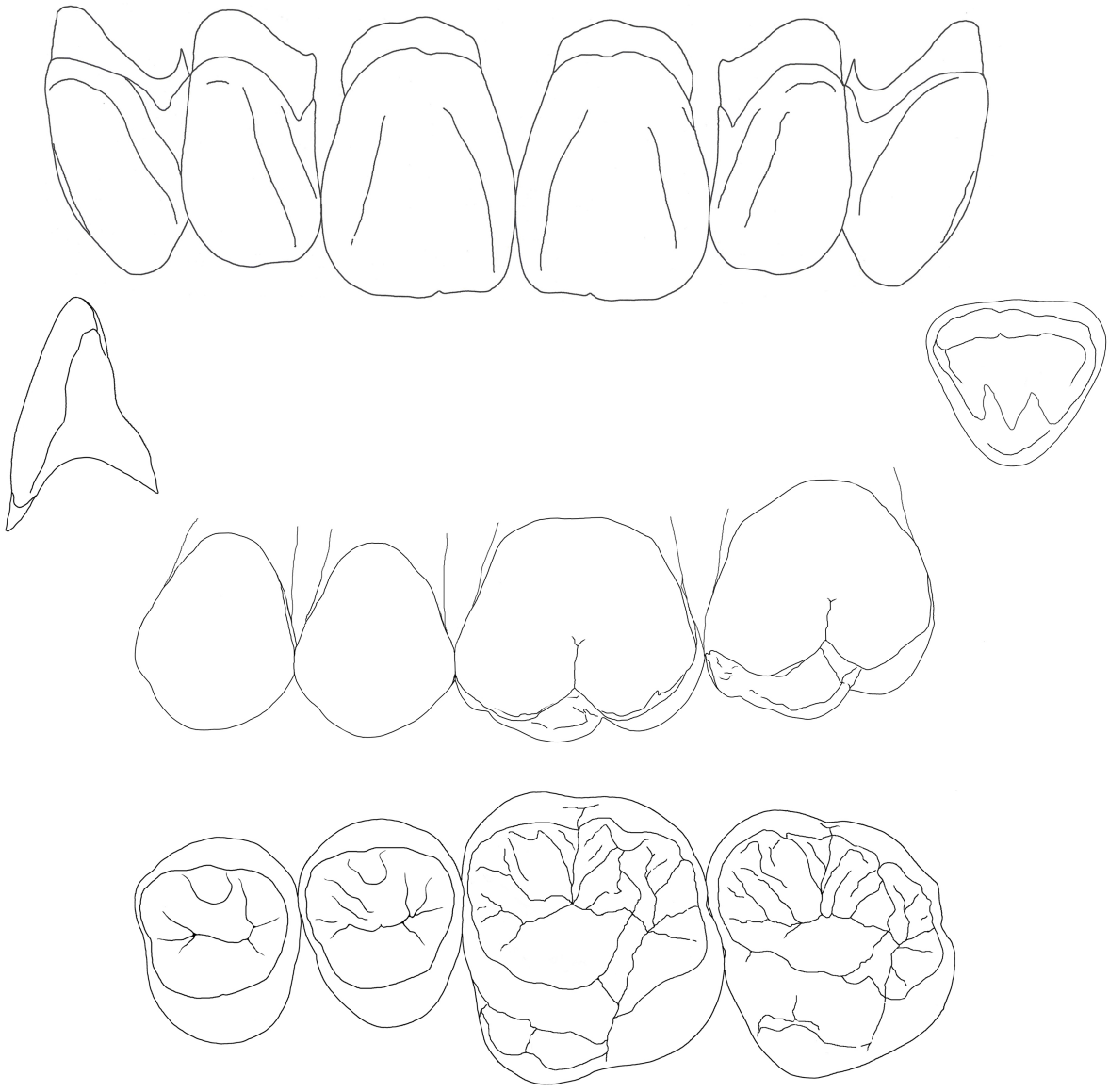
Zahnfarbbestimmung

Patient
Frau/Herr_____
Alter:_____
Praxis:_____
Behandler:_____

- ☐ replica
- ☐ cosmica
- ☐ classica
- ☐ Vollzirkon
- ☐ replica_p
- ☐ cosmica_p
- ☐ unica

Grundfarbe _____

O_____	E_____
L_____	E+_____
M_____	OE_____
OD_____	OT_____
D_____	T-Neutral_____
CD_____	T-Semi_____
FLU_____	T-Clear_____
SM_____	CT_____
ID_____	Gingiva_____

Notizen: