
















Teeth Color Chart

Name: _____ Age: _____ Gender: _____

Date: _____

A Group (Reddish-brownish)		B Group (Reddish-yellowish)	
	A1: Lightest reddish-brown shade		B1: Lightest reddish-yellow shade
	A2: Light reddish-brown shade		B2: Light reddish-yellow shade
	A3: Medium reddish-brown shade		B3: Medium reddish-yellow shade
	A3.5: Darker medium reddish-brown shade		B4: Darkest reddish-yellow shade
	A4: Darkest reddish-brown shade		
C Group (Grayish)		D Group (Reddish-grayish)	
	C1: Lightest gray shade		D2: Light reddish-gray shade
	C2: Light gray shade		D3: Medium reddish-gray shade

C Group (Grayish)		D Group (Reddish-grayish)	
	C3: Medium gray shade		D4: Darkest reddish-gray shade
	C4: Darkest gray shade		

Selected shade:

Reason for selection:

Additional notes

Dentist's name:

License number:

Signature:



Contact number: