



Turner Dental Laboratory Ltd.

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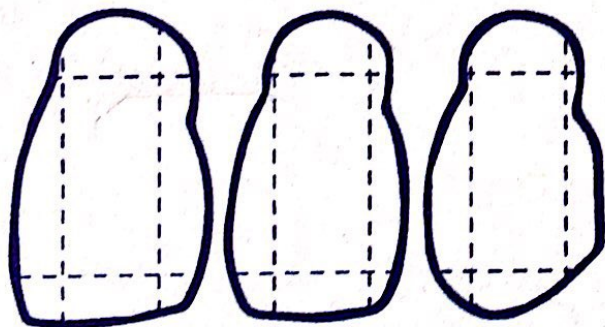
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Dr. _____

Patient _____

Tooth # _____



Characterizing Shades

Neck	
Cervical	
Dentine Gingival	
Interproximal	
Lingual	
Incisal	
Inc. Edge	

