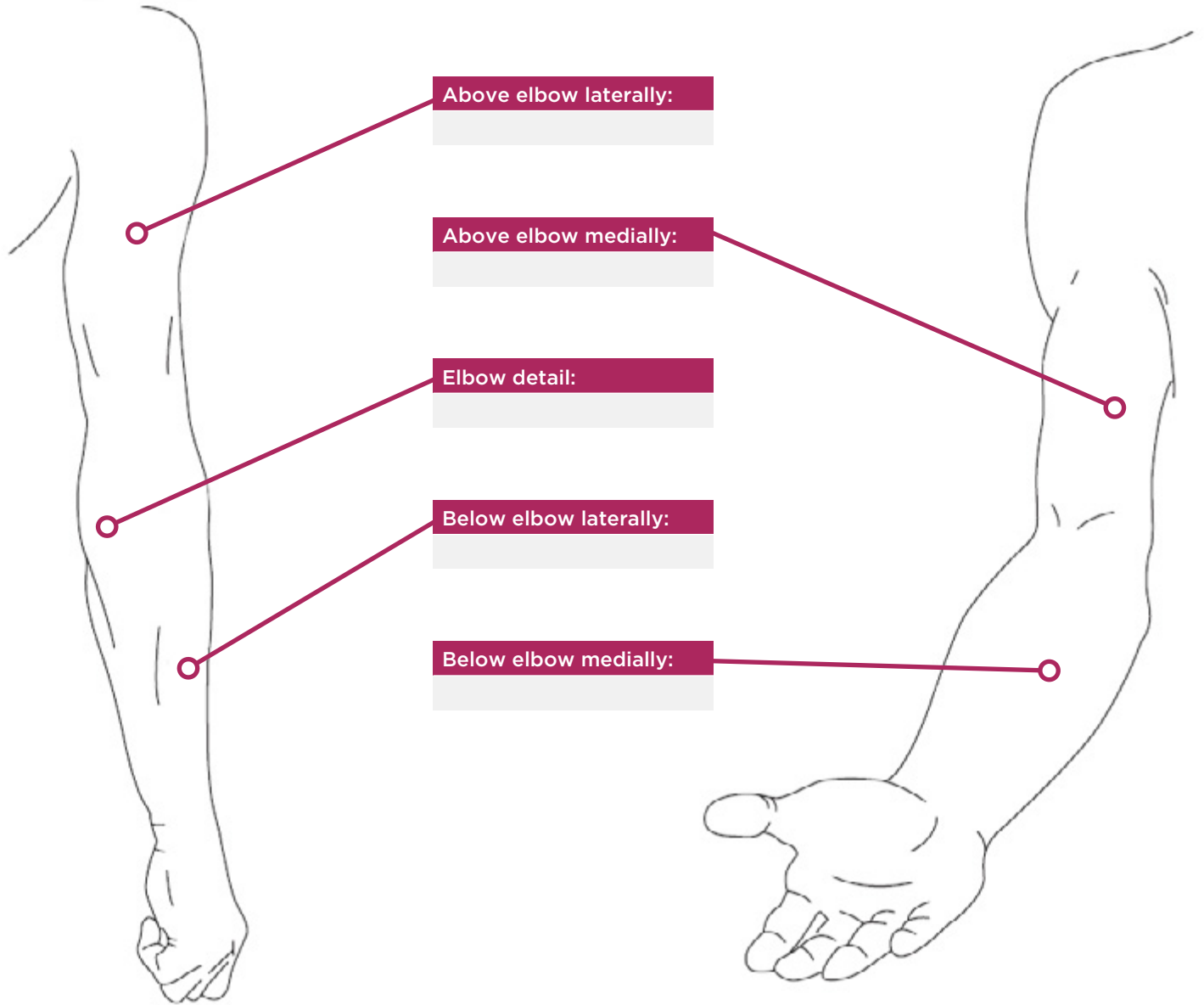


Custom Silicone Colour Matching Chart - Arm

Patient:		Company:	
Date:		Clinic Address:	
Prosthetist:			
Email:			
Telephone:			
Purchase Order Number:		Intermediate:	Premium:



Veins - (please tick)	
Green:	<input type="checkbox"/>
Blue:	<input type="checkbox"/>
Raised:	<input type="checkbox"/>
Faint:	<input type="checkbox"/>

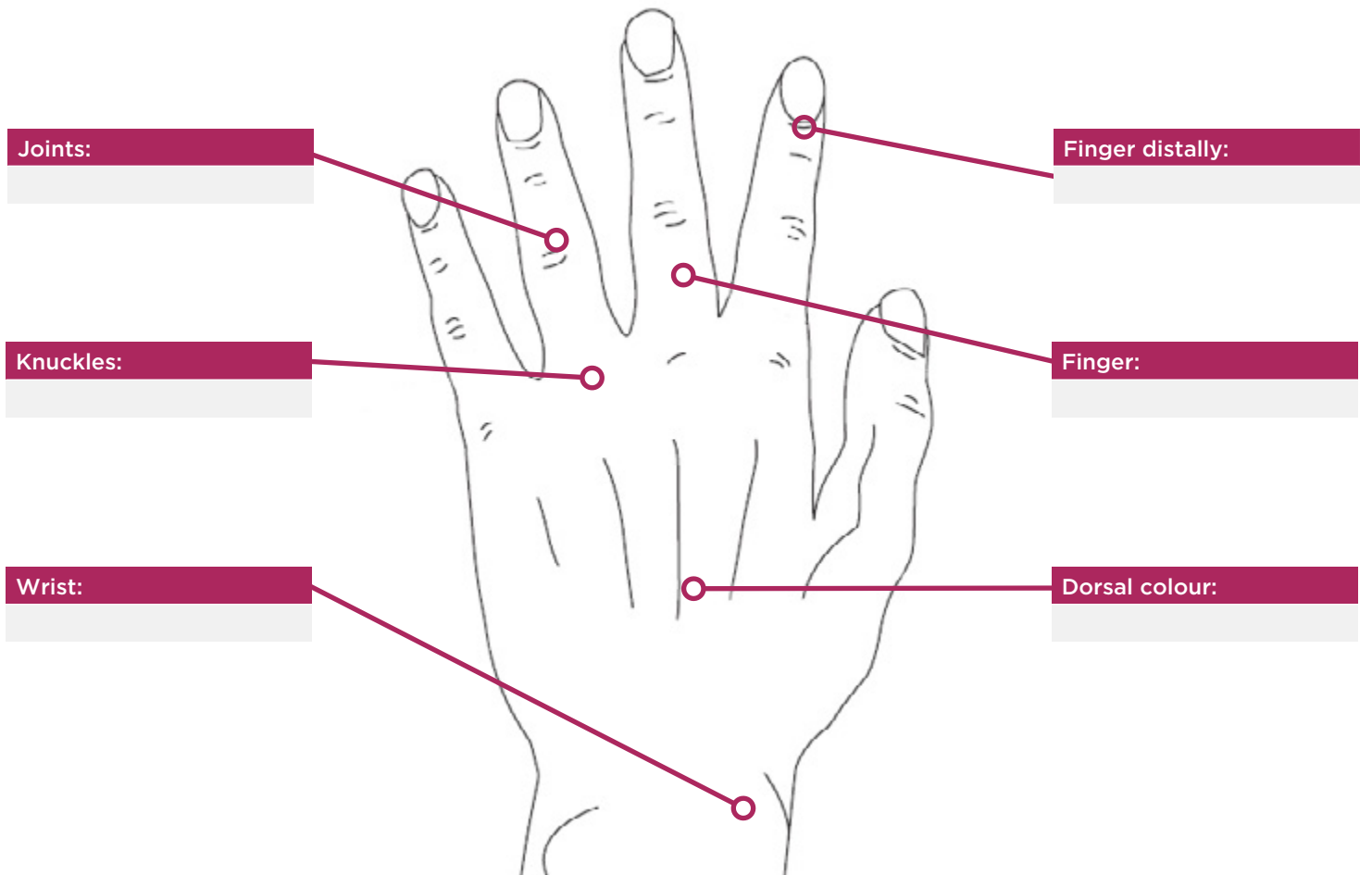
Hairs- (please tick)			
Dark brown:	<input type="checkbox"/>	None:	<input type="checkbox"/>
Light brown:	<input type="checkbox"/>	Other (please specify):	
Blonde:	<input type="checkbox"/>		
Black:	<input type="checkbox"/>		

Freckles:	<input type="checkbox"/>
Moles:	<input type="checkbox"/>
Follicles:	<input type="checkbox"/>
See photo for details	<input type="checkbox"/>

Comments:

Custom Silicone Colour Matching Chart - Hand

Patient:		Company:	
Date:		Clinic Address:	
Prosthetist:			
Email:			
Telephone:			
Purchase Order Number:		Intermediate:	Premium:



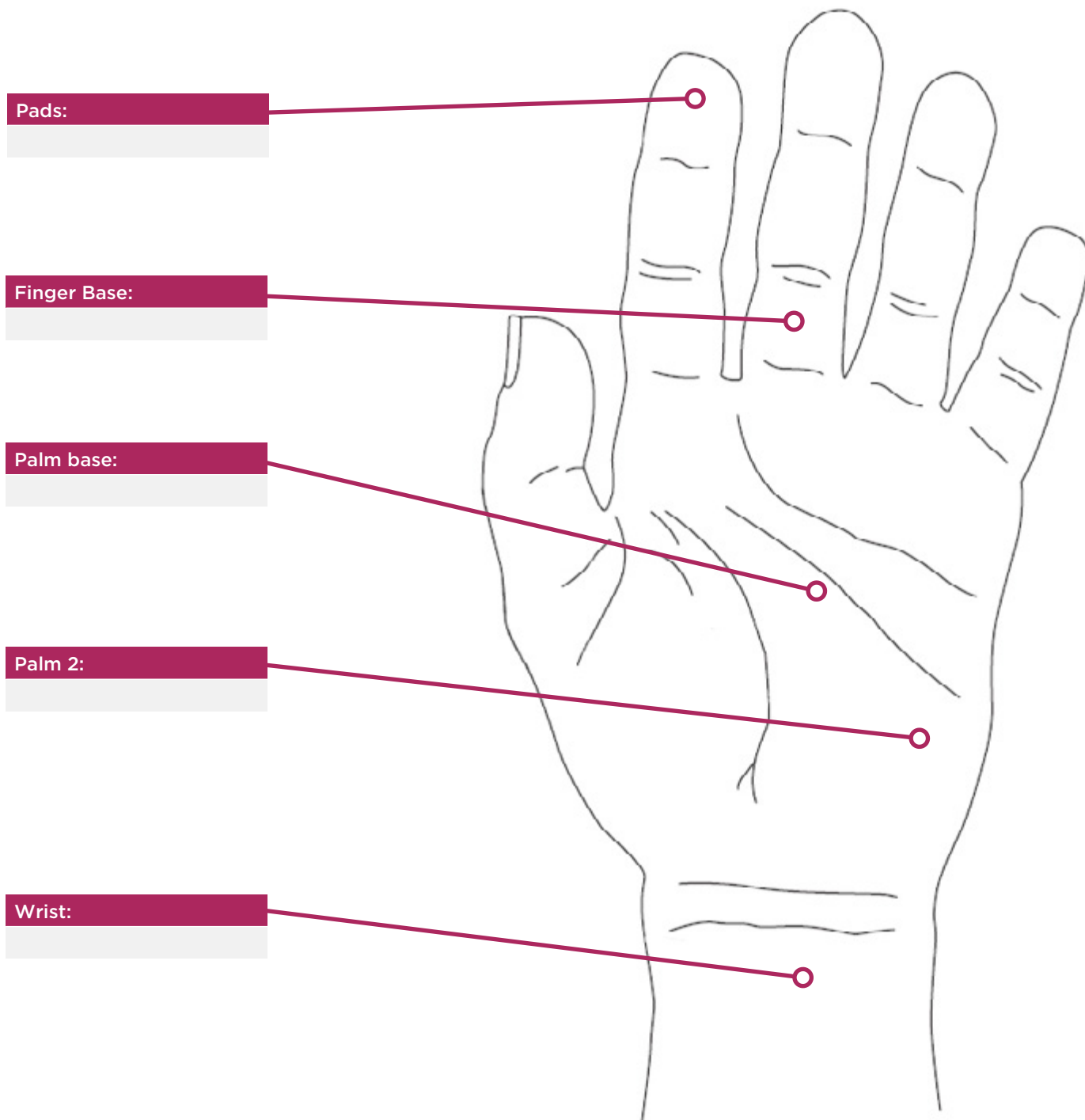
Nail details	Nail Shape - (please tick)		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silicone:			
Acrylic:			
Nail length - (please specify):			
See photo for details:			

Veins - (please tick)	Hairs- (please tick)		Freckles:
Green:	Dark brown:	None:	Moles:
Blue:	Light brown:	Other (please specify):	Follicles:
Raised:	Blonde:		See photo for details
Faint:	Black:		

Comments:

Custom Silicone Colour Matching Chart - Palm

Patient:		Company:	
Date:		Clinic Address:	
Prosthetist:			
Email:			
Telephone:			
Purchase Order Number:		Intermediate:	Premium:



Comments:

Custom Silicone Colour Matching Chart - Finger

Patient:		Company:	
Date:		Clinic Address:	
Prosthetist:			
Email:			
Telephone:			
Purchase Order Number:		Intermediate:	Premium:

Pad:

Finger base colour:

Finger distally:

Joint:

Dorsal:

Joint:

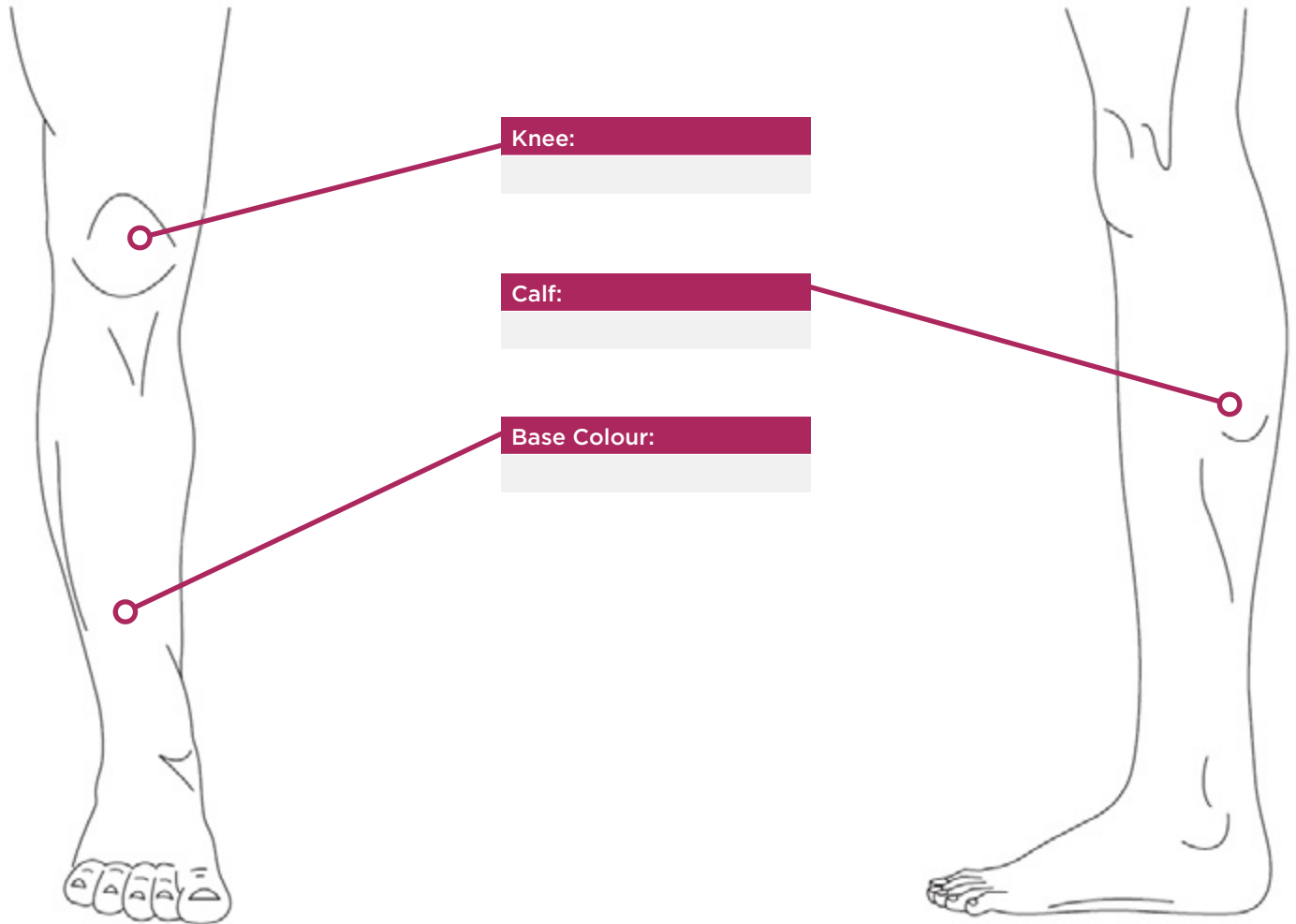
Trim:

Nail details	Nail Shape - (please tick)		
Silicone: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acrylic: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail length - (please specify): <input type="text"/>			
See photo for details: <input type="text"/>			

Comments:

Custom Silicone Colour Matching Chart - Leg

Patient:		Company:	
Date:		Clinic Address:	
Prosthetist:			
Email:			
Telephone:			
Purchase Order Number:		Intermediate:	Premium:



Veins - (please tick)	
Green:	<input type="checkbox"/>
Blue:	<input type="checkbox"/>
Raised:	<input type="checkbox"/>
Faint:	<input type="checkbox"/>

Hairs- (please tick)			
Dark brown:	<input type="checkbox"/>	None:	<input type="checkbox"/>
Light brown:	<input type="checkbox"/>	Other (please specify):	<input type="text"/>
Blonde:	<input type="checkbox"/>		
Black:	<input type="checkbox"/>		

Freckles:	<input type="checkbox"/>
Moles:	<input type="checkbox"/>
Follicles:	<input type="checkbox"/>
See photo for details	<input type="checkbox"/>

Comments:



Custom Silicone Colour Matching Chart - Foot

Patient:		Company:	
Date:		Clinic Address:	
Prosthetist:			
Email:			
Telephone:			
Purchase Order Number:		Intermediate:	Premium:

Foot Main:		Base of Foot:	
Toes:		Dorsal:	
Toes Distal:		Shin:	
		Foot Under:	
		Heel:	

Nail details	
Silicone:	

Veins - (please tick)	
Green:	
Blue:	
Raised:	
Faint:	

Nail Shape - (please tick)	
	
Nail length - (please specify):	
See photo for details:	

Comments: