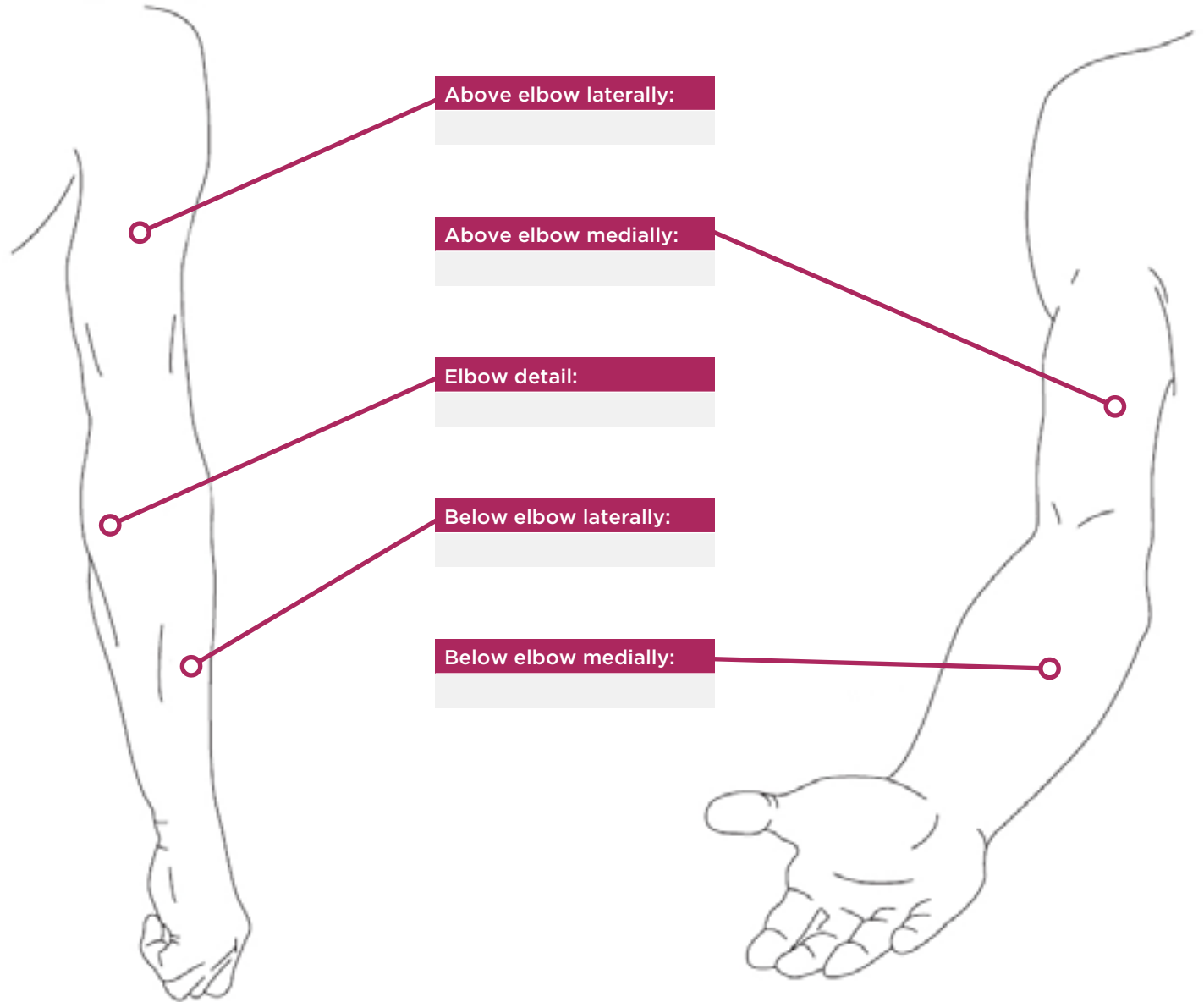


Custom Silicone Colour Matching Chart - Arm

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):	<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: