


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: