Custom Silicone Colour Matching Chart

Hand

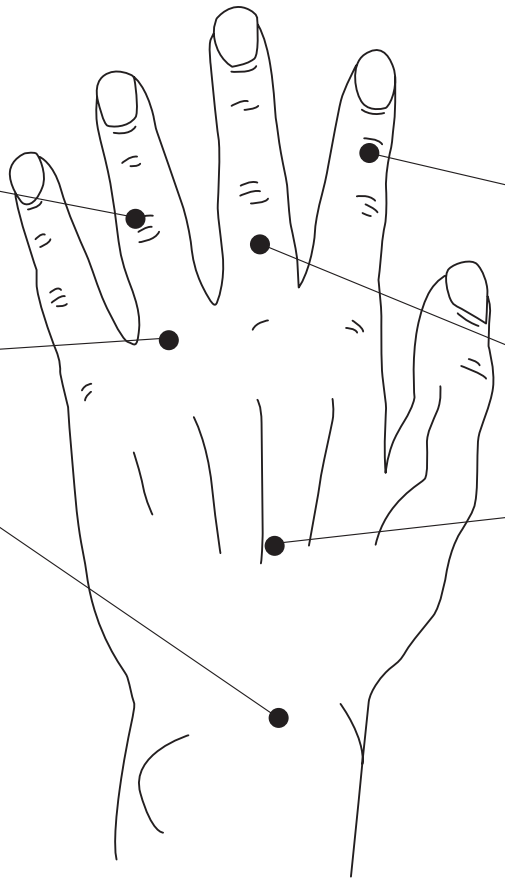
RSLSTEEPER

Patient:	Company:
Date:	Clinic Address:
Prosthetist:	
Email:	
Telephone:	
Purchase Order Number:	**Colorimeter Identification Number:**

Y		Joints	
x		y	

Y		Knuckles	
x		y	

Y		Wrist	
x		y	



Y		Finger distally	
x		y	

Y		Finger	
x		y	

Y		Dorsal colour	
x		y	

Veins *(please tick)*

Green ☐ Raised ☐

Blue ☐ Faint ☐

Hairs *(please tick)*

Dark brown ☐ Blonde ☐ None ☐

Light brown ☐ Black ☐ Other *(please specify)* _____

Freckles ☐ Moles ☐

Follicles ☐ See photo for details ☐

Nail detail

Silicone ☐ Acrylic ☐

Nail shape *(please tick)*

☐

☐

☐

Nail length *(please specify)* _____ See photo for details

Comments

RSLLIT254 ????

spectroMATCH