Custom Silicone Colour Matching Chart

Palm

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

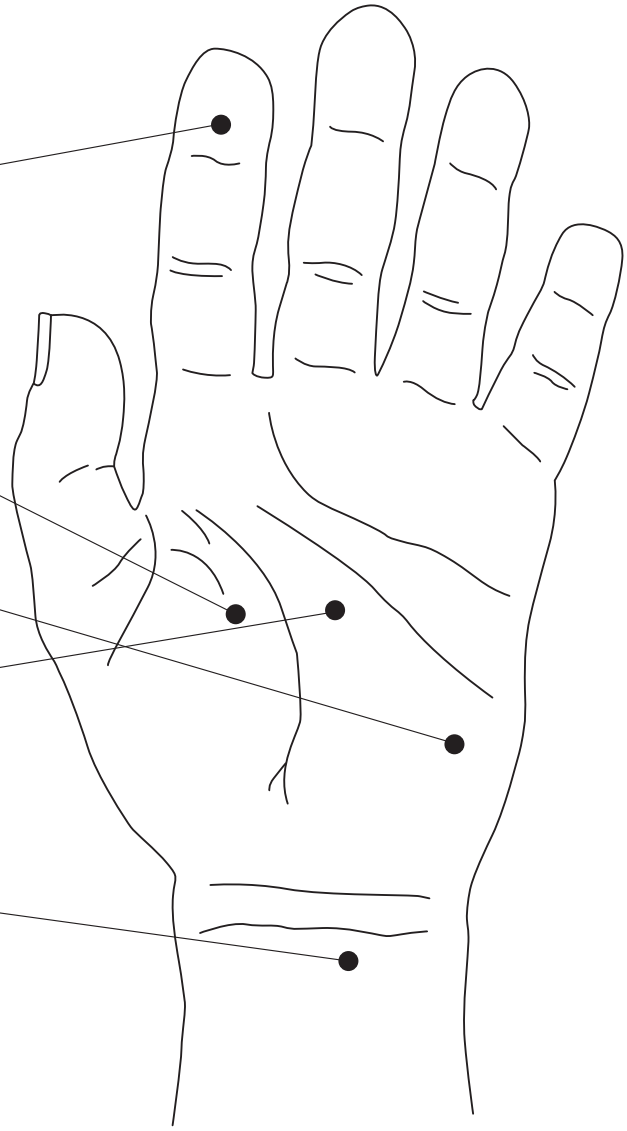
Y		Pads	
x		y	

Y		Palm 1	
x		y	

Y		Palm 2	
x		y	

Y		Palm base	
x		y	

Y		Wrist	
x		y	



Comments

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