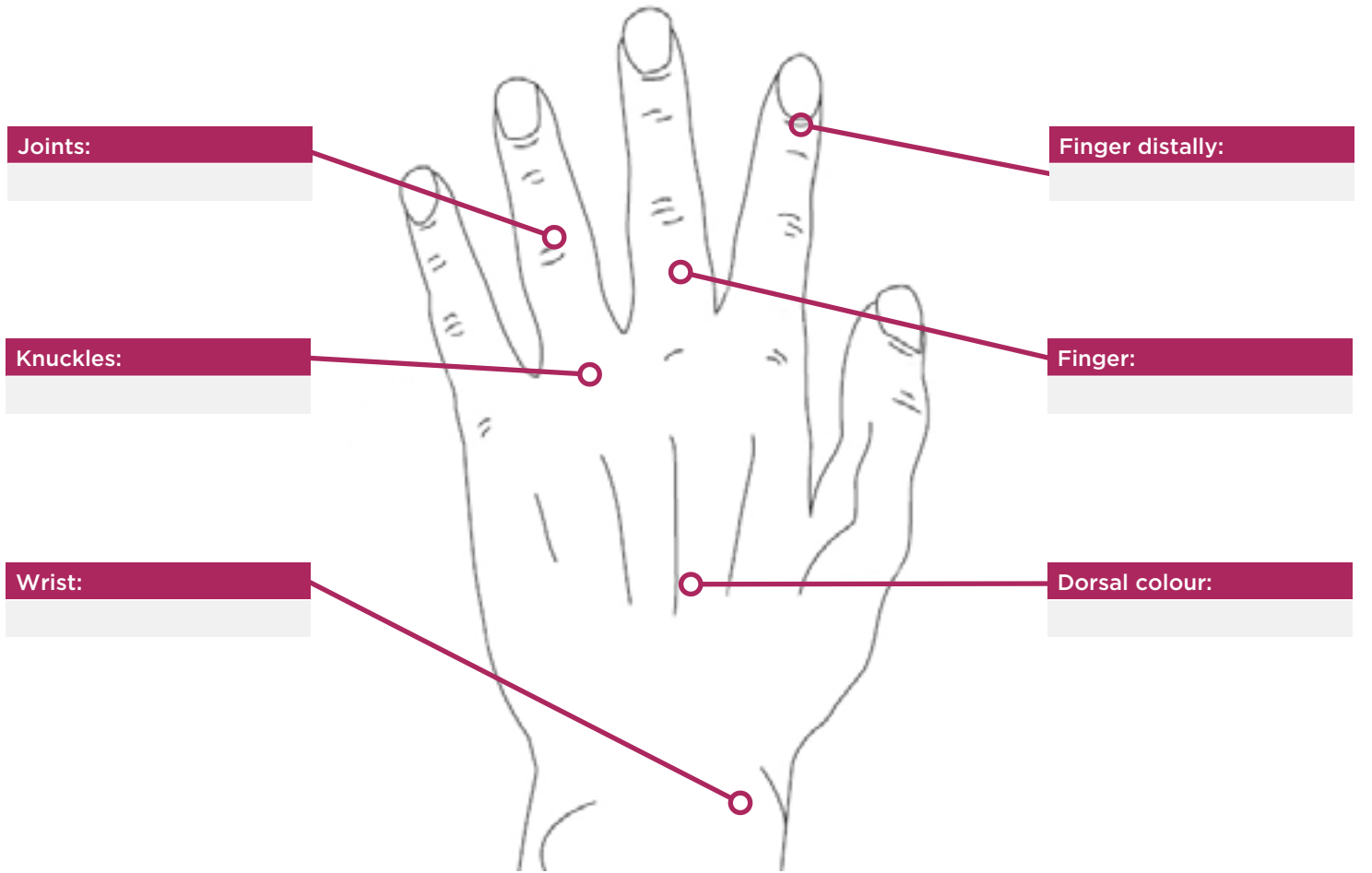


# Custom Silicone Colour Matching Chart - Hand

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)	
Green:	<input type="checkbox"/>
Blue:	<input type="checkbox"/>
Raised:	<input type="checkbox"/>
Faint:	<input type="checkbox"/>

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

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

Comments: