

Custom Silicone Colour Matching Chart

Hand



Patient:
Date:
Prosthetist:
Email:
Telephone:

Company:
Clinic Address:

Spectromatch codes

Spectromatch codes

Joints

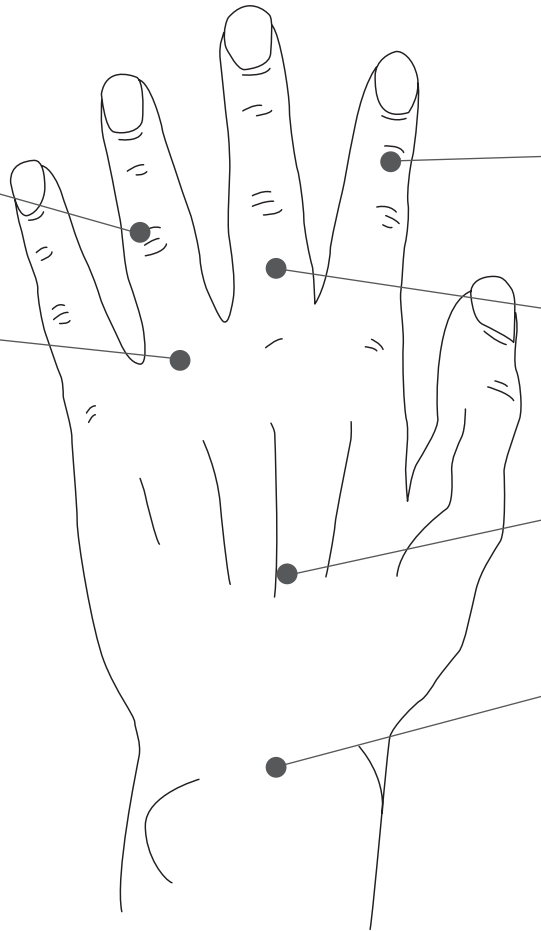
Finger distally

Knuckles

Finger

Dorsal colour

Wrist



Veins *(please tick)*

Green Raised

Blue Faint

Veins *(please tick)*

Dark brown Blonde None

Light brown Black Other *(please specify)* _____

Freckles Moles

Folicles See photo for details

Nail detail

Silicone Acrylic

Nail shape *(please tick)*

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

Comments

Custom Silicone Colour Matching Chart

Finger



Patient:
Date:
Prosthetist:
Email:
Telephone:

Company:
Clinic Address:

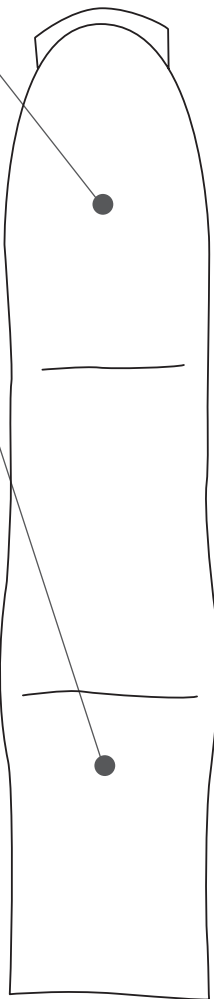
Spectromatch codes

Pad

<input type="checkbox"/>	<input type="text"/>
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Finger base colour

<input type="checkbox"/>	<input type="text"/>
--------------------------	----------------------



Spectromatch codes

Finger distally

<input type="checkbox"/>	<input type="text"/>
--------------------------	----------------------

Joint

<input type="checkbox"/>	<input type="text"/>
--------------------------	----------------------

Dorsal

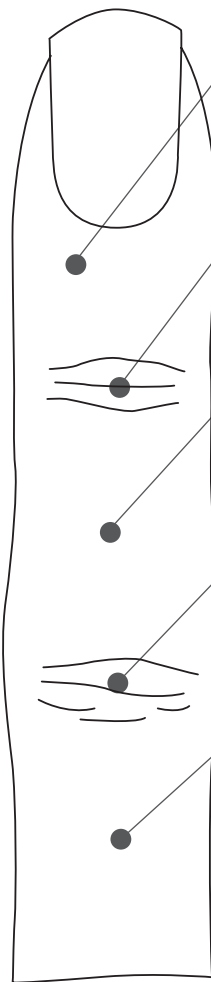
<input type="checkbox"/>	<input type="text"/>
--------------------------	----------------------

Joint

<input type="checkbox"/>	<input type="text"/>
--------------------------	----------------------

Trim

<input type="checkbox"/>	<input type="text"/>
--------------------------	----------------------



Nail detail

Silicone Acrylic

Nail shape (please tick)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Nail length (please specify) _____ See photo for details

Comments

Custom Silicone Colour Matching Chart

Palm



Patient:
Date:
Prosthetist:
Email:
Telephone:

Company:
Clinic Address:

Spectromatch codes

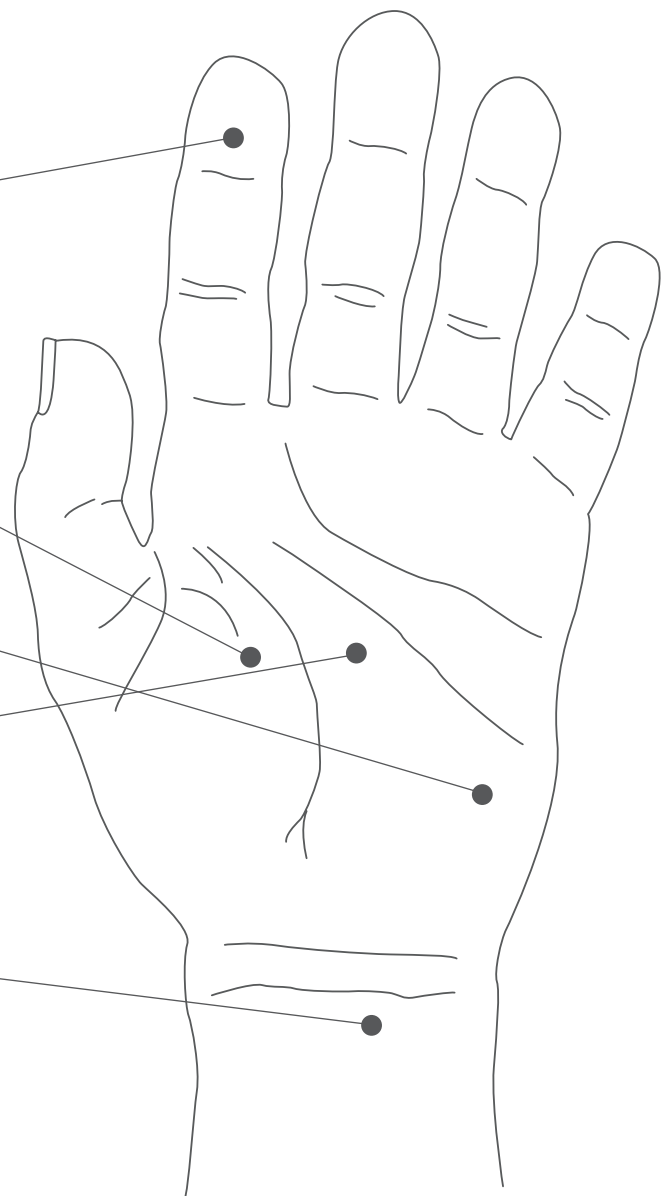
Pads	
<input type="checkbox"/>	<input type="text"/>

Palm 1	
<input type="checkbox"/>	<input type="text"/>

Palm 2	
<input type="checkbox"/>	<input type="text"/>

Palm base	
<input type="checkbox"/>	<input type="text"/>

Wrist	
<input type="checkbox"/>	<input type="text"/>



Comments

Custom Silicone Colour Matching Chart

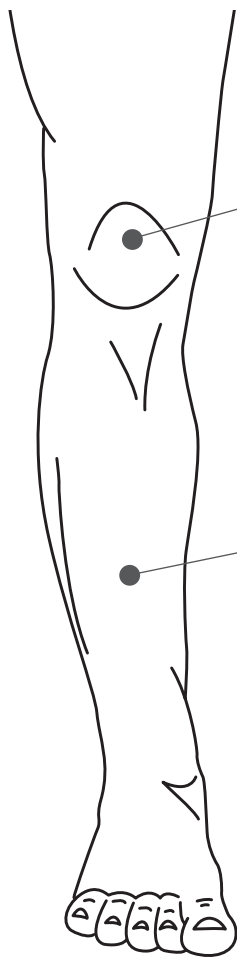
Leg



Patient:
Date:
Prosthetist:
Email:
Telephone:

Company:
Clinic Address:

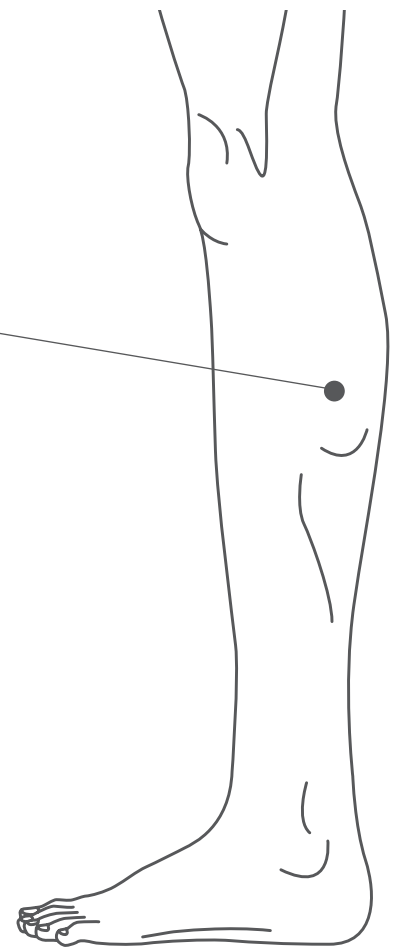
Spectromatch codes



Knee	
<input type="text"/>	<input type="text"/>

Calf	
<input type="text"/>	<input type="text"/>

Base colour	
<input type="text"/>	<input type="text"/>



Veins (please tick)			
Green	<input type="checkbox"/>	Raised	<input type="checkbox"/>
Blue	<input type="checkbox"/>	Faint	<input type="checkbox"/>

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

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

Comments

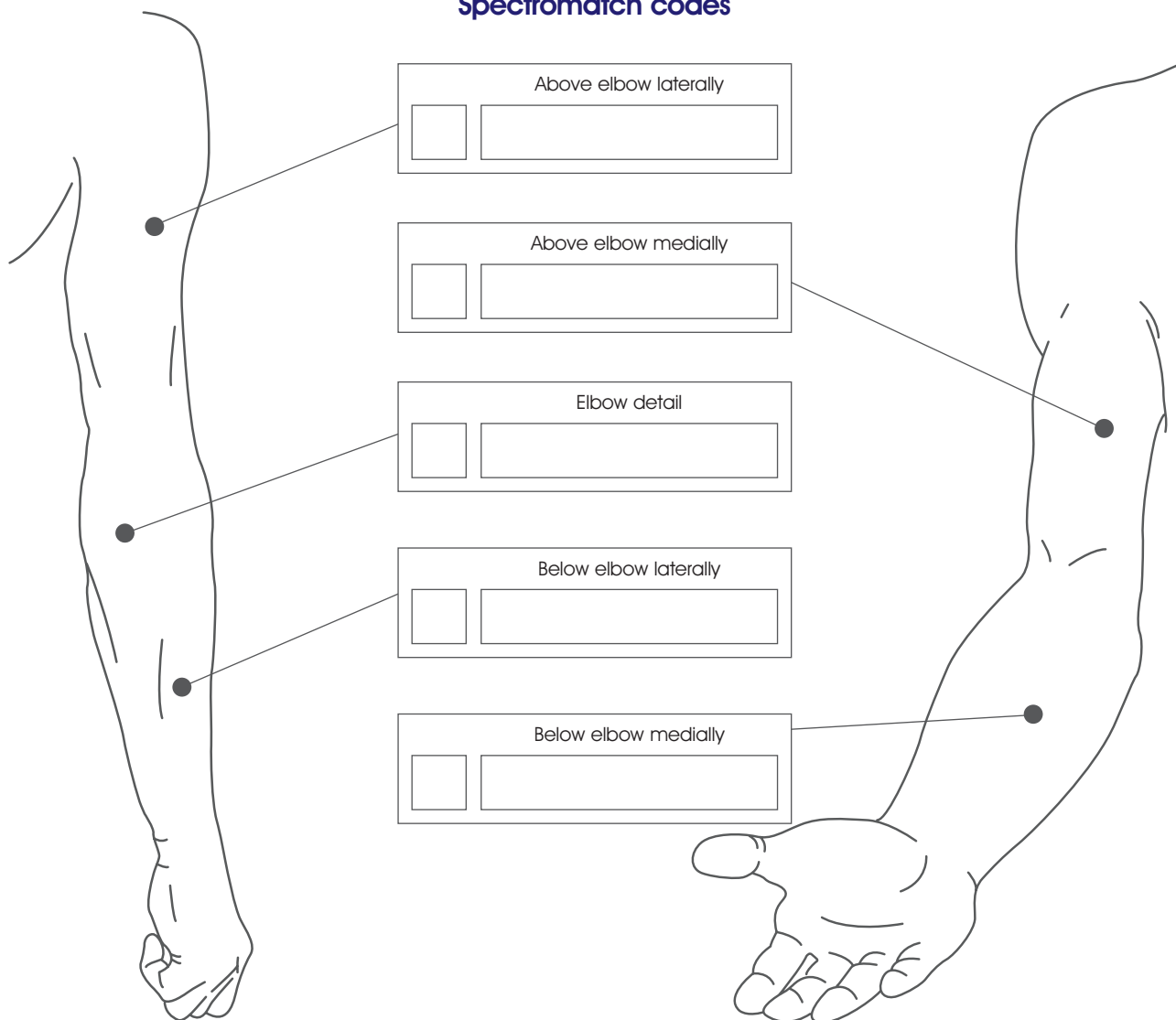
Custom Silicone Colour Matching Chart

Arm



Patient:	Company:
Date:	Clinic Address:
Prosthetist:	
Email:	
Telephone:	

Spectromatch codes



Veins (please tick)

Green Raised

Blue Faint

Veins (please tick)

Dark brown Blonde None

Light brown Black Other (please specify) _____

Freckles Moles

Folicles See photo for details

Comments

Custom Silicone Colour Matching Chart

Foot



Patient:
Date:
Prosthetist:
Email:
Telephone:

Company:
Clinic Address:

Spectromatch codes

Spectromatch codes

Foot main

Toes

Toes distal

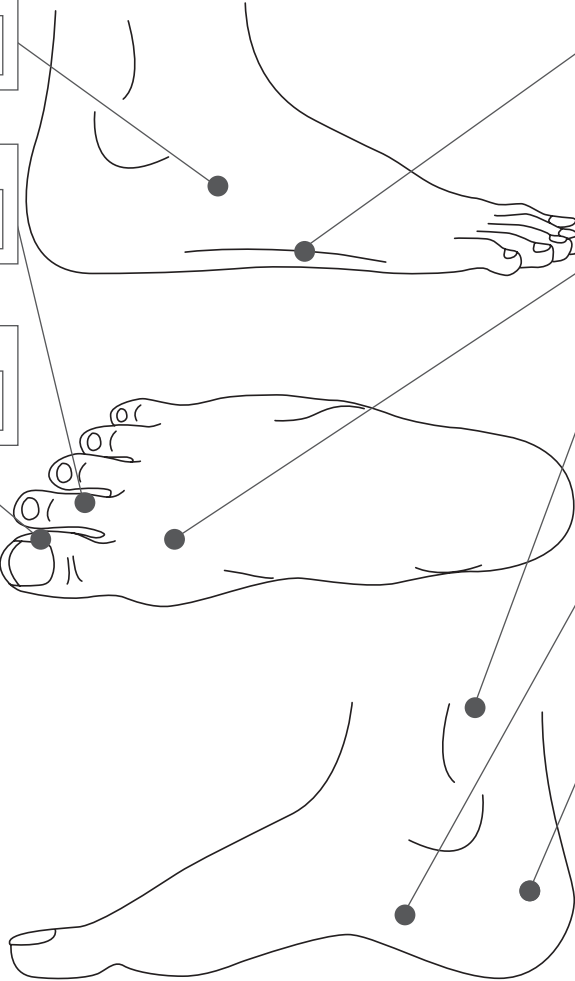
Base of foot

Dorsal

Shin

Foot under

Heel



Nail detail

Silicone

Veins *(please tick)*

Green Raised

Blue Faint

Nail shape *(please tick)*

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

Comments

Local details

Checklist

- 1 Completed colour chart.....
- 2 Casts.....
- 3 Digital images, on disc or email.....
- 4 Purchase order.....
- 5 Prosthesis (if upper or lower limb cover).....
- 6 Patient shoe (if applicable).....



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