

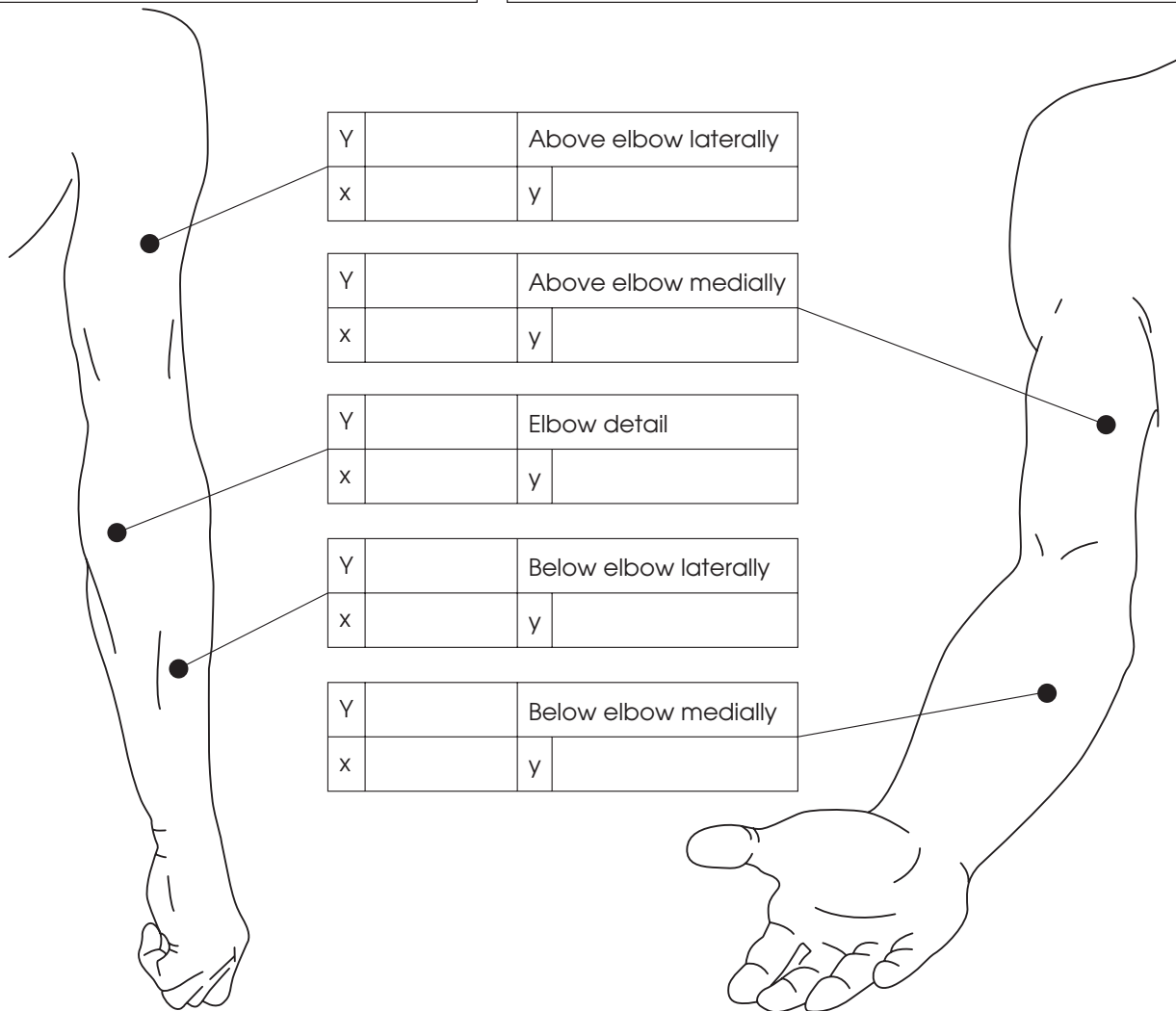
Custom Silicone Colour Matching Chart

Arm



Patient:
Date:
Prosthetist:
Email:
Telephone:
Purchase Order Number:

Company:
Clinic Address:
Colorimeter Identification Number:



Y		Above elbow laterally
X	y	

Y		Above elbow medially
X	y	

Y		Elbow detail
X	y	

Y		Below elbow laterally
X	y	

Y		Below elbow medially
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

Comments
