Custom Silicone Colour Matching Chart

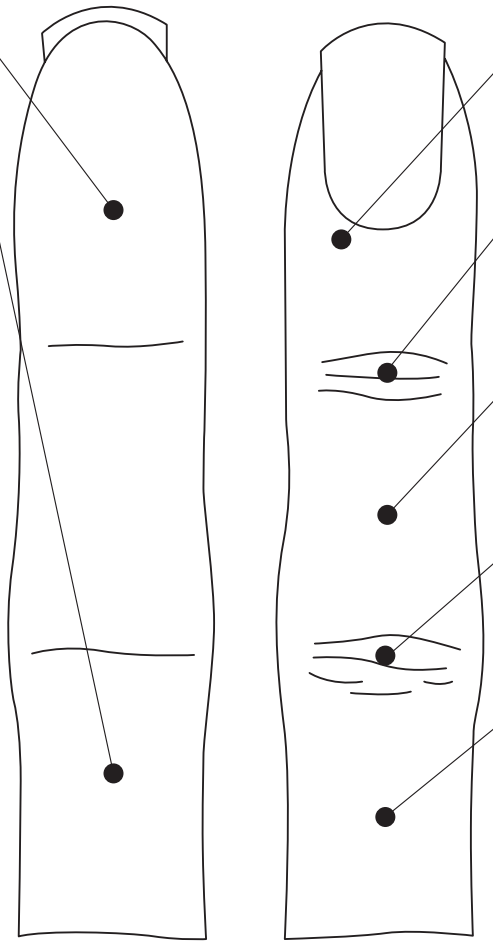
Finger

RSLSTEEPER

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

Y		Pad	
x		y	

Y		Finger base colour	
x		y	



Y		Finger distally	
x		y	

Y		Joint	
x		y	

Y		Dorsal	
x		y	

Y		Joint	
x		y	

Y		Trim	
x		y	

Nail detail

Silicone ☐ Acrylic ☐

Nail shape *(please tick)*

☐ ☐ ☐

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

Comments

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