

process | _____
 MRN | _____
 editor | _____

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SILICONE COLOR-MATCH

arm | hand prosthesis

company | _____
 street | _____
 zip | city | _____

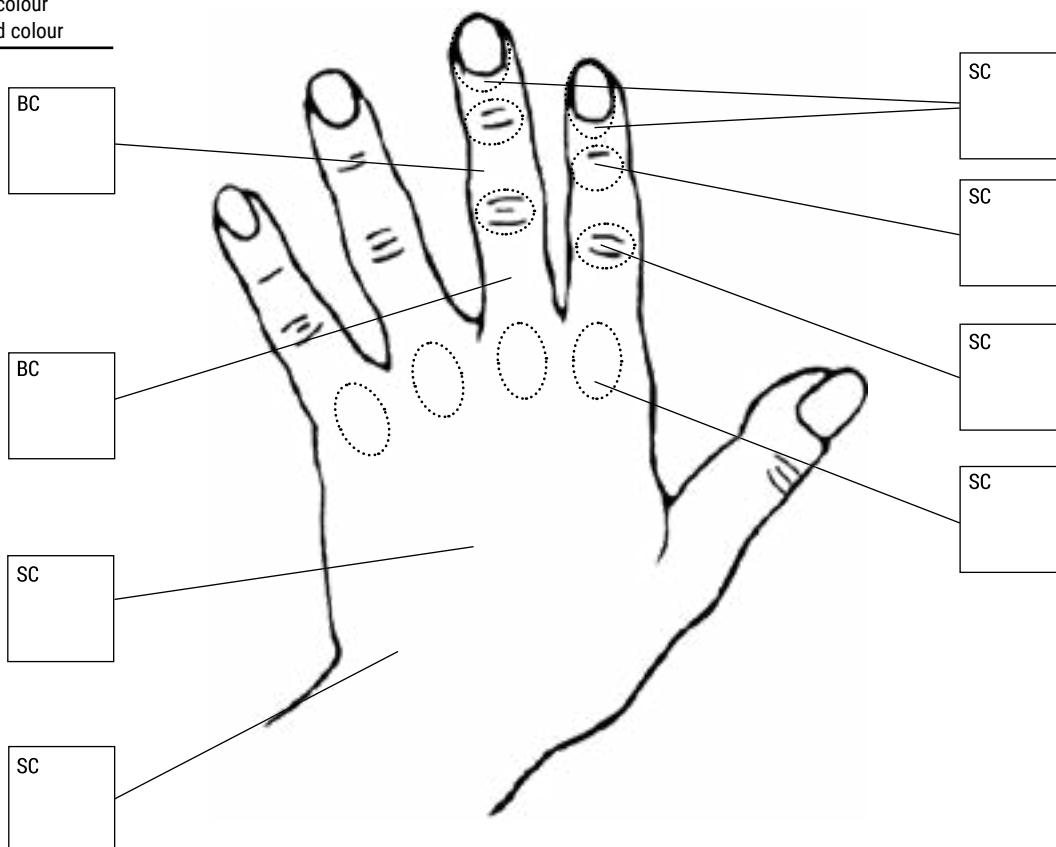
technician | _____
 date | _____
 e-mail | _____
 telephone | _____

Patient Information

name | _____
 date of birth | _____
 notice | _____

Affected Side	left	right
Gender	male	female
Execution	classic (max. 3 Colors)	
	individual	basic
Nails	Silicone	Acryl
Hair	Yes	No

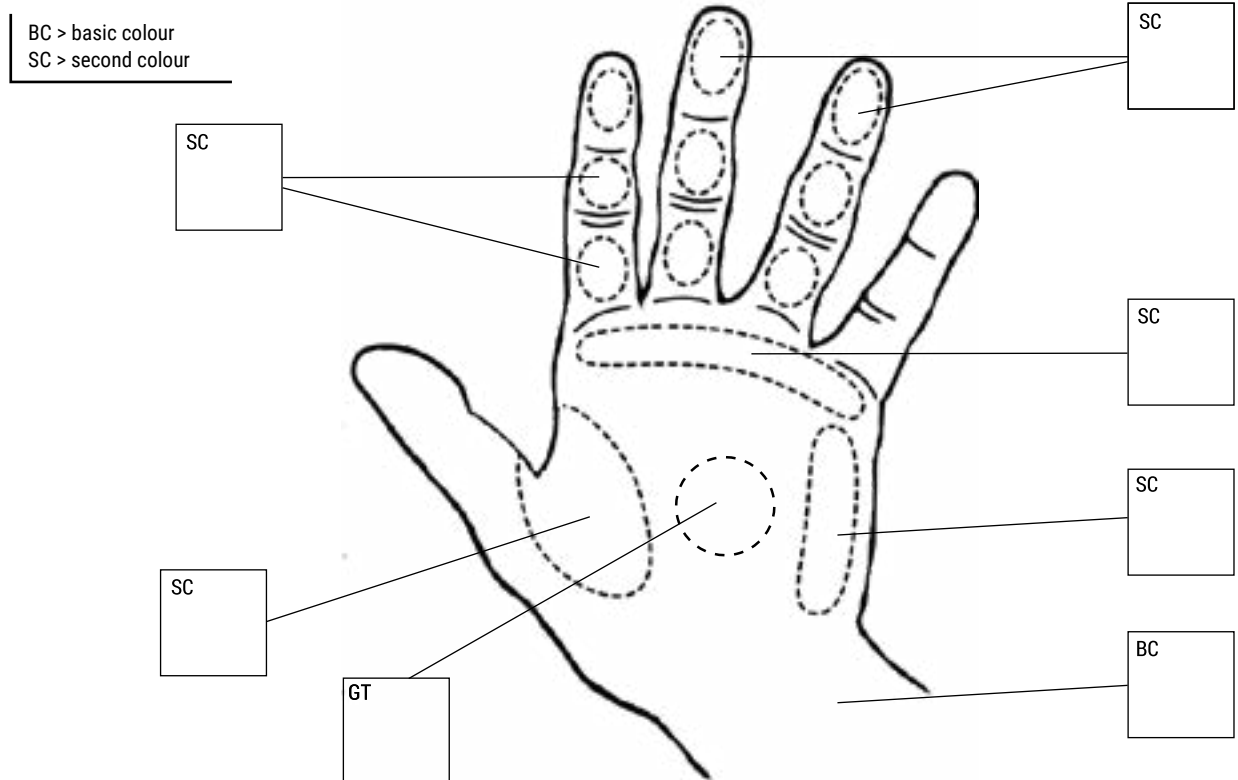
BC > basic colour
 SC > second colour



process	
MRN	
editor	

SILICONE COLOR-MATCH

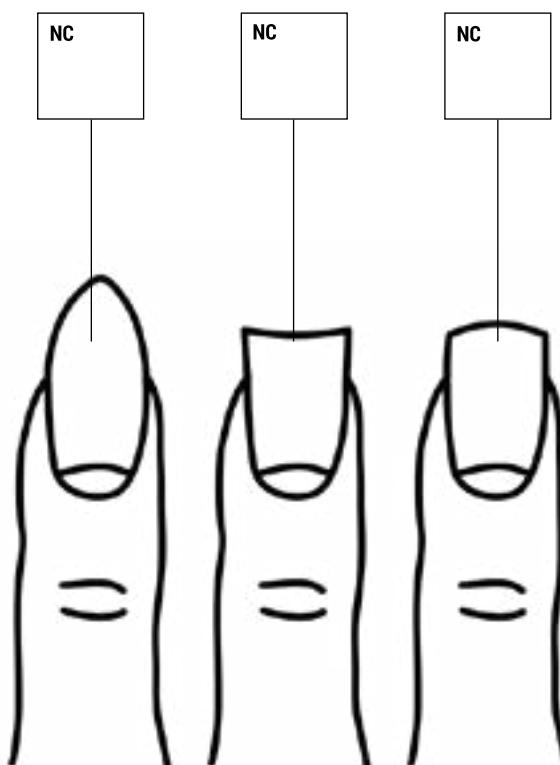
arm | hand prothesis *page 2*



halfmoon fingernail

NC > nail colour

D1	yes	no
D2	yes	no
D3	yes	no
D4	yes	no
D5	yes	no



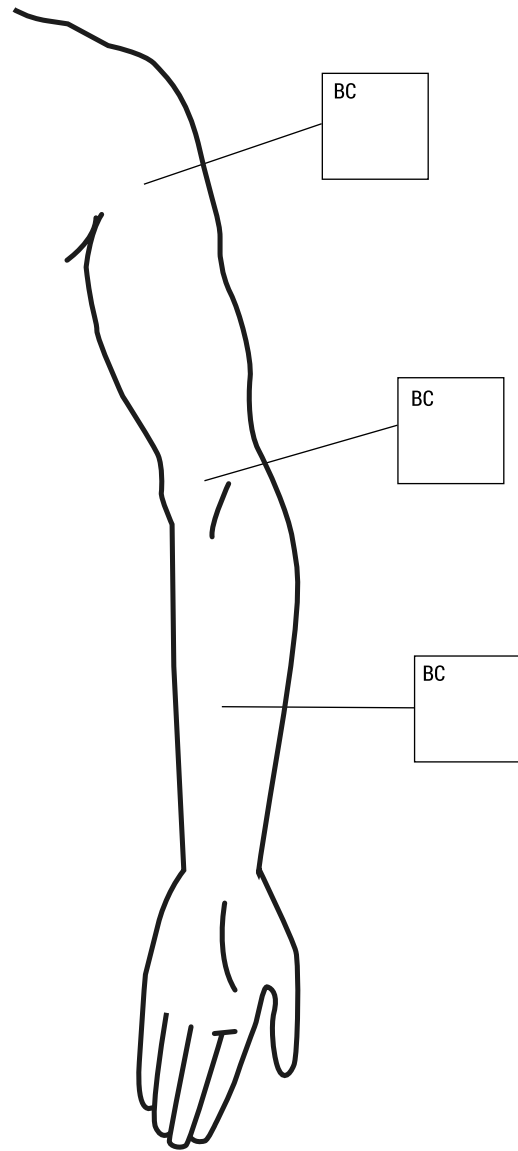
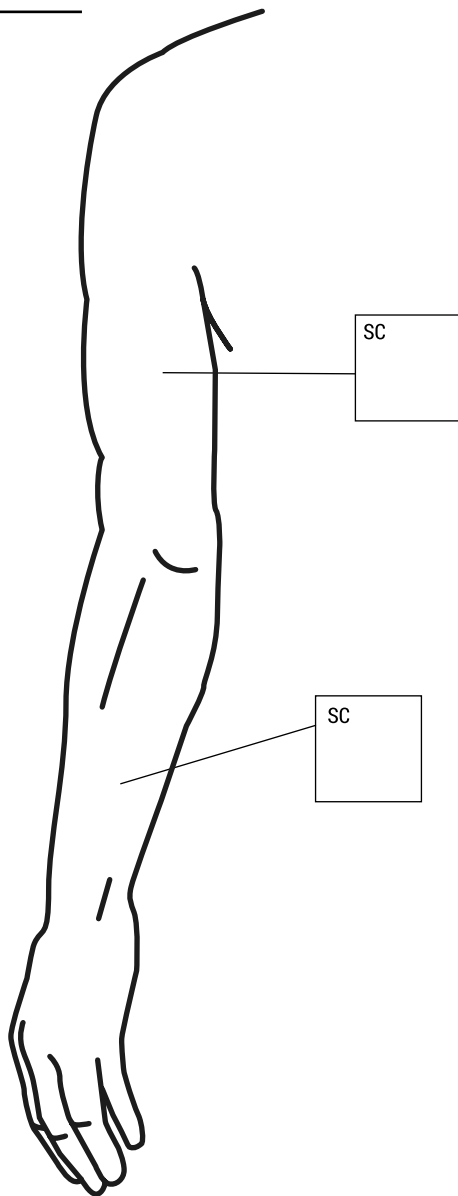
end of fingernail

yes no

sign nail form

process	
MRN	
editor	

BC > basic colour
SC > second colour



notice
