

process | _____
 MRN | _____
 editor | _____

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SILICONE COLOR-MATCH

finger prosthesis

company | _____
 street | _____
 zip | city | _____

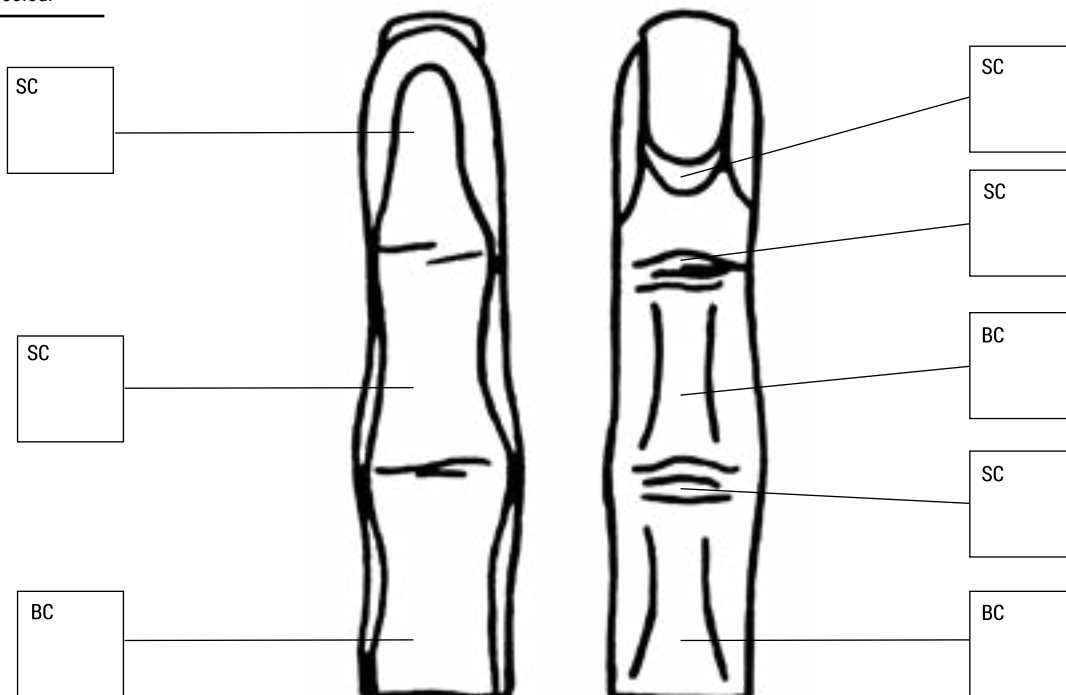
technician | _____
 date | _____
 e-mail | _____
 telephone | _____

patient information

name | _____
 date of birth | _____
 notice | _____

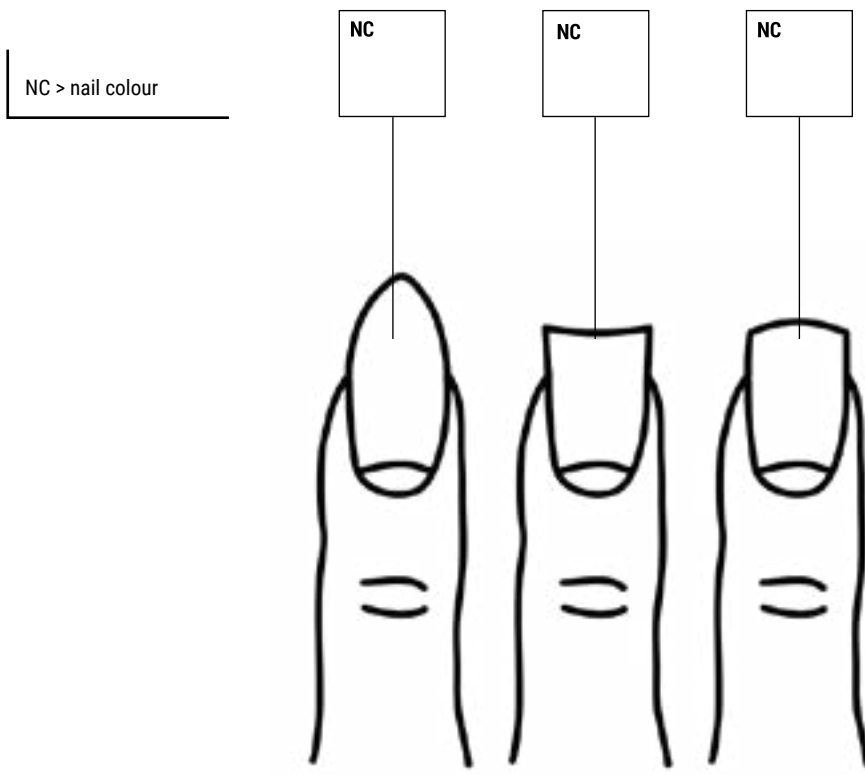
Affected Side	left	right
Gender	male	female
Execution	classic (max. 3 Colors)	
	individual	basic
Nails	Silicone	Acryl
Hair	Yes	No

BC > basic colour
 SC > second colour



process	
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SILICONE COLOR-MATCH
finger prothesis *page 2*



sign nail form

halfmoon fingernail

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

Notice

end of fingernail

yes no