

process | \_\_\_\_\_  
 MRN | \_\_\_\_\_  
 editor | \_\_\_\_\_

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# SILICONE COLOR-MATCH

## fore foot prosthesis

company | \_\_\_\_\_  
 street | \_\_\_\_\_  
 zip | city | \_\_\_\_\_

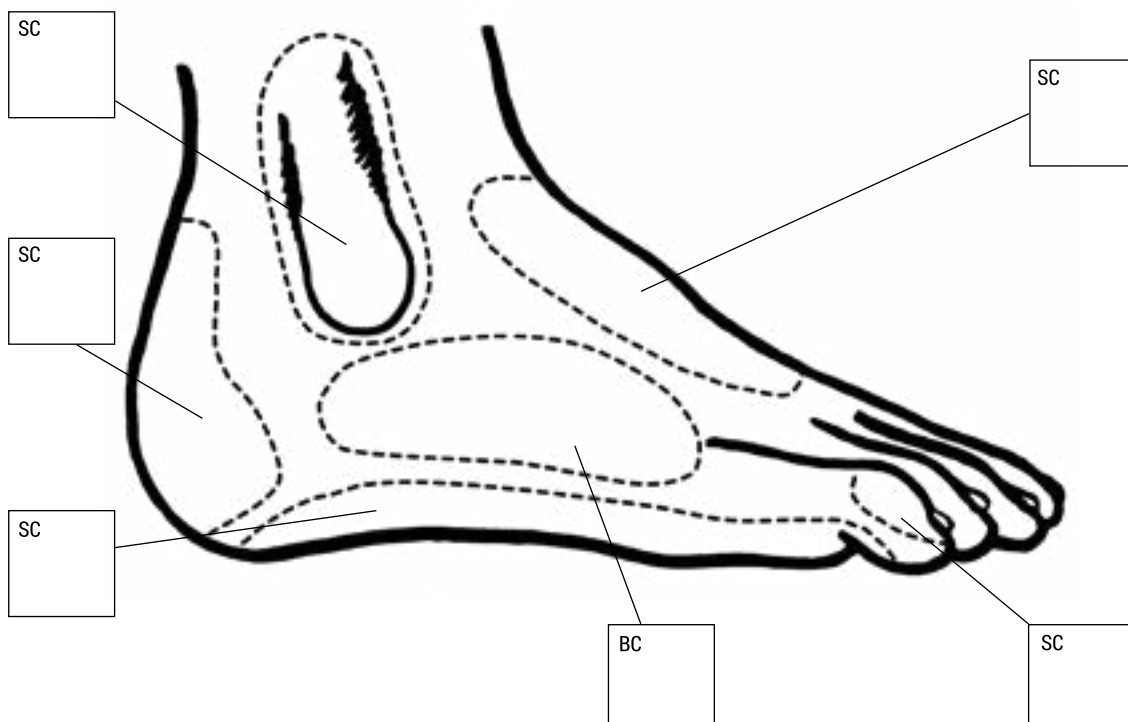
technician | \_\_\_\_\_  
 date | \_\_\_\_\_  
 e-mail | \_\_\_\_\_  
 telephone | \_\_\_\_\_

### 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

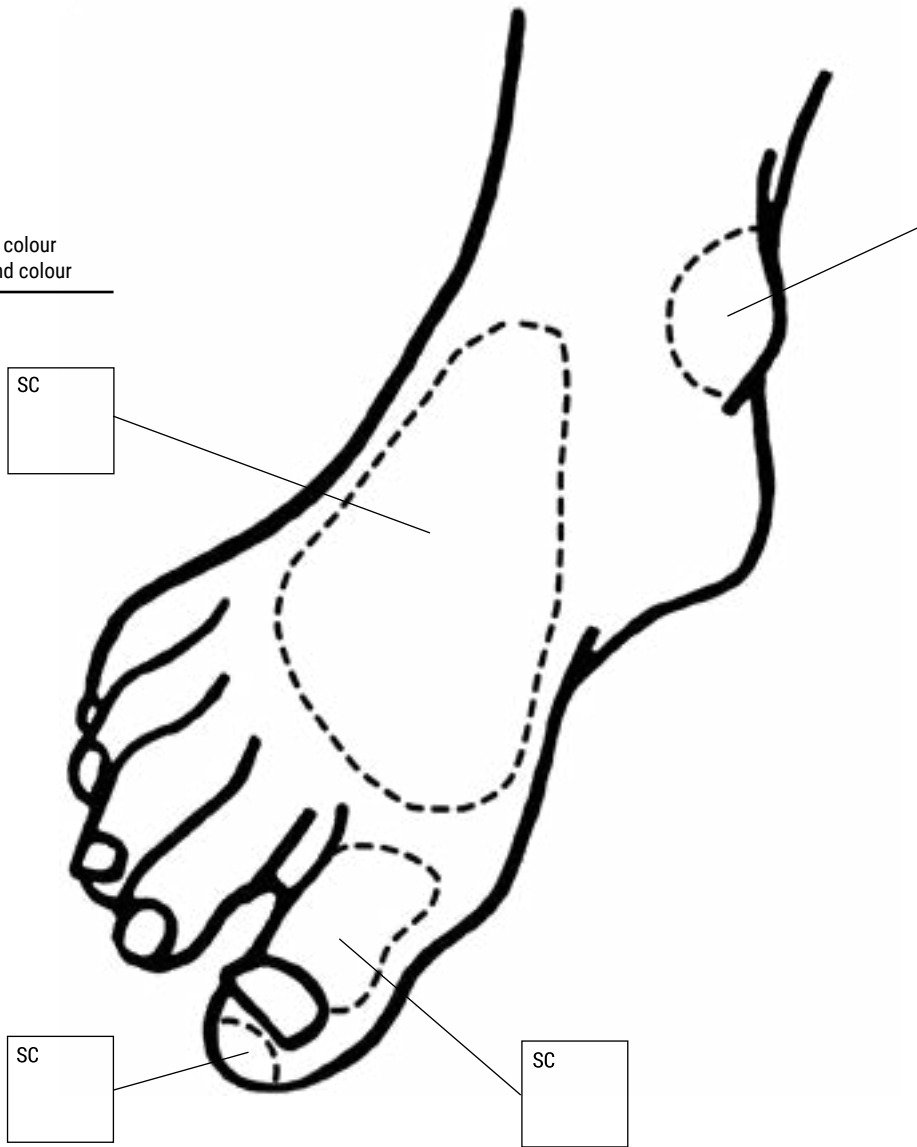
BC > basic colour  
 SC > second colour



process	
MRN	
editor	

**SILICONE COLOR-MATCH**  
fore foot prosthesis *page 2*

BC > basic colour  
SC > second colour



*Notizen*

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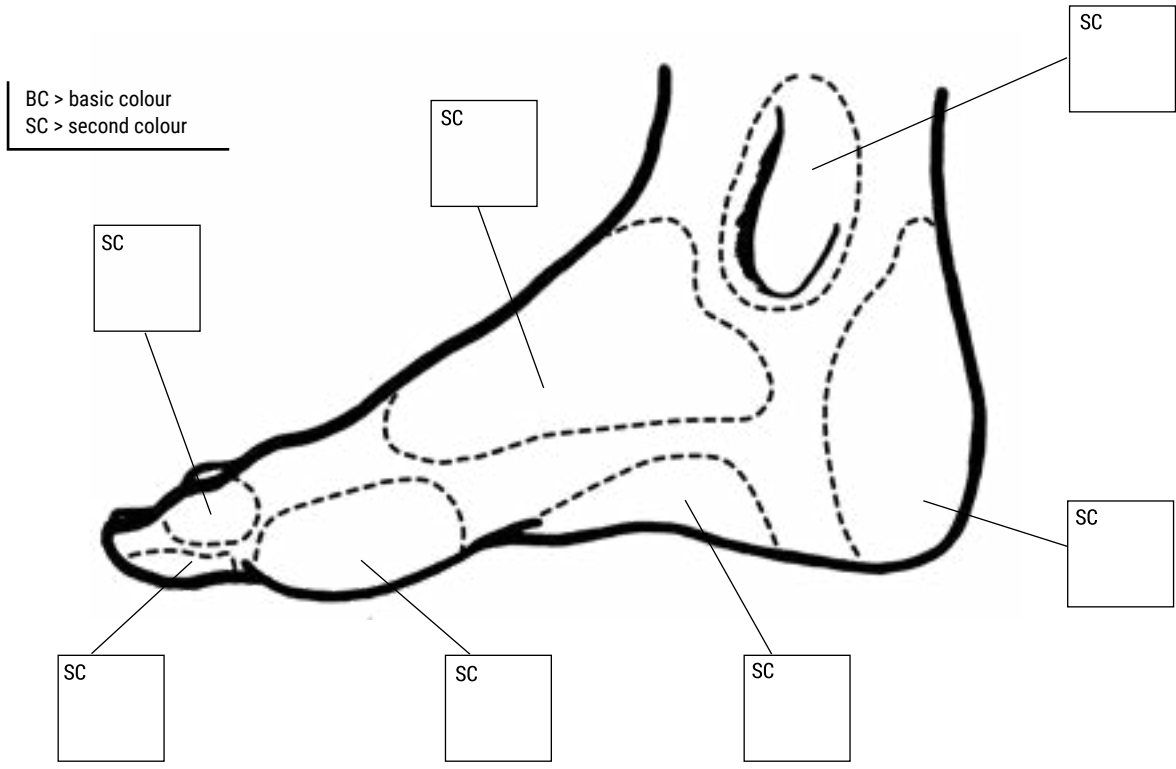
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process	
MRN	
editor	

**SILICONE COLOR-MATCH**  
fore foot prosthesis *page 3*



*Notice*

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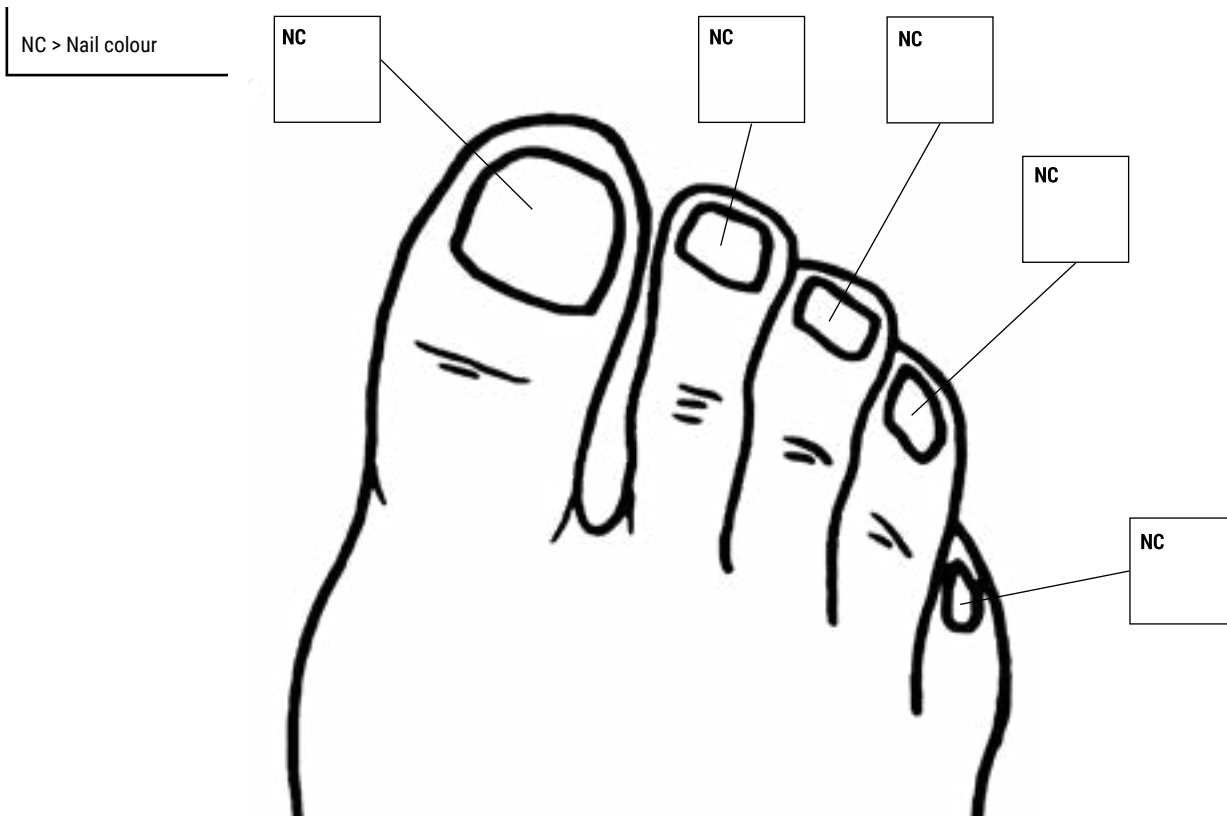
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MRN	
editor	

**SILICONE COLOR-MATCH**  
fore foot prosthesis *page 4*



**halfmoon fingernail**

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

*Notice*

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**end of fingernail**

- yes    no