

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

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 info@prothesenwerk.com  
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# SILICONE COLOR-MATCH

## lower leg prosthesis

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

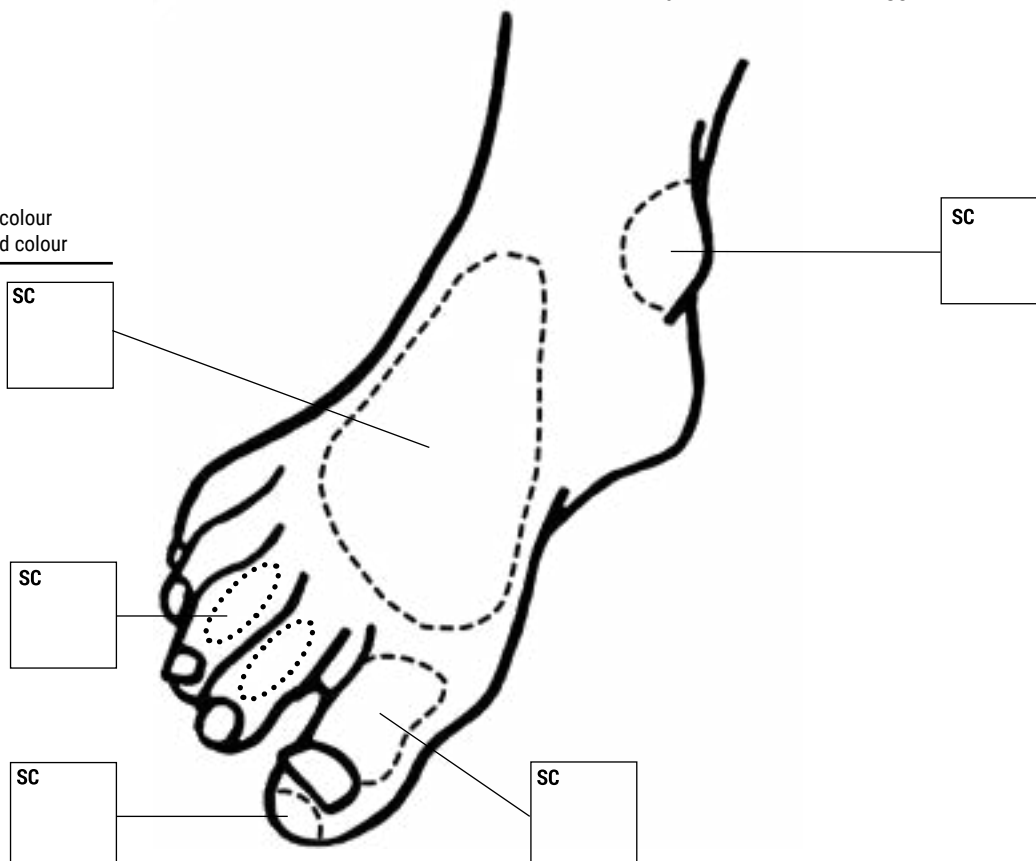
technician | \_\_\_\_\_  
 date | \_\_\_\_\_  
 e-mail | \_\_\_\_\_  
 telephone | \_\_\_\_\_

### 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

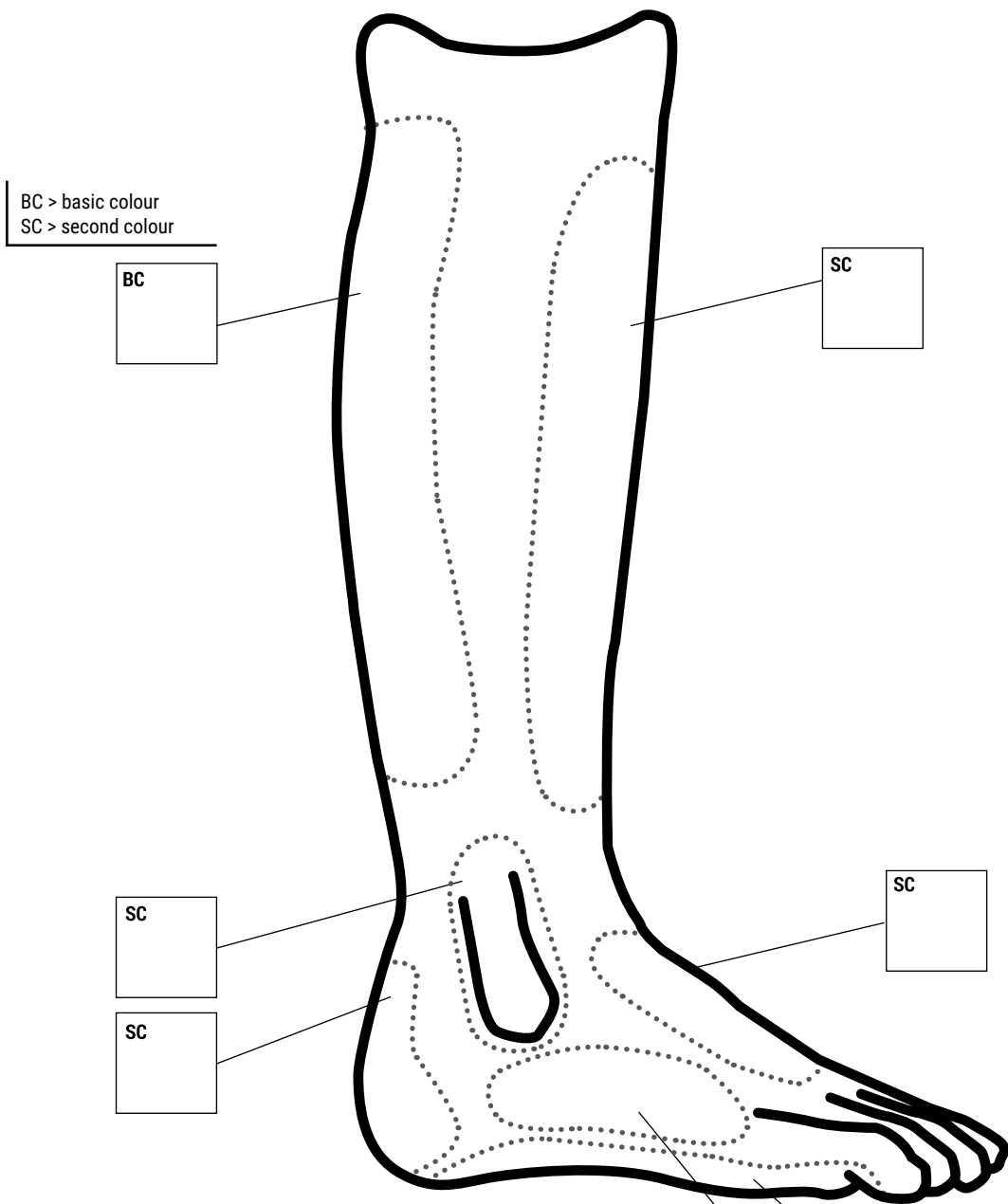
BC > basic colour  
 SC > second colour



process	
MRN	
editor	

# SILICONE COLOR-MATCH

lower leg prosthesis *page 2*



*Notice*

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SC

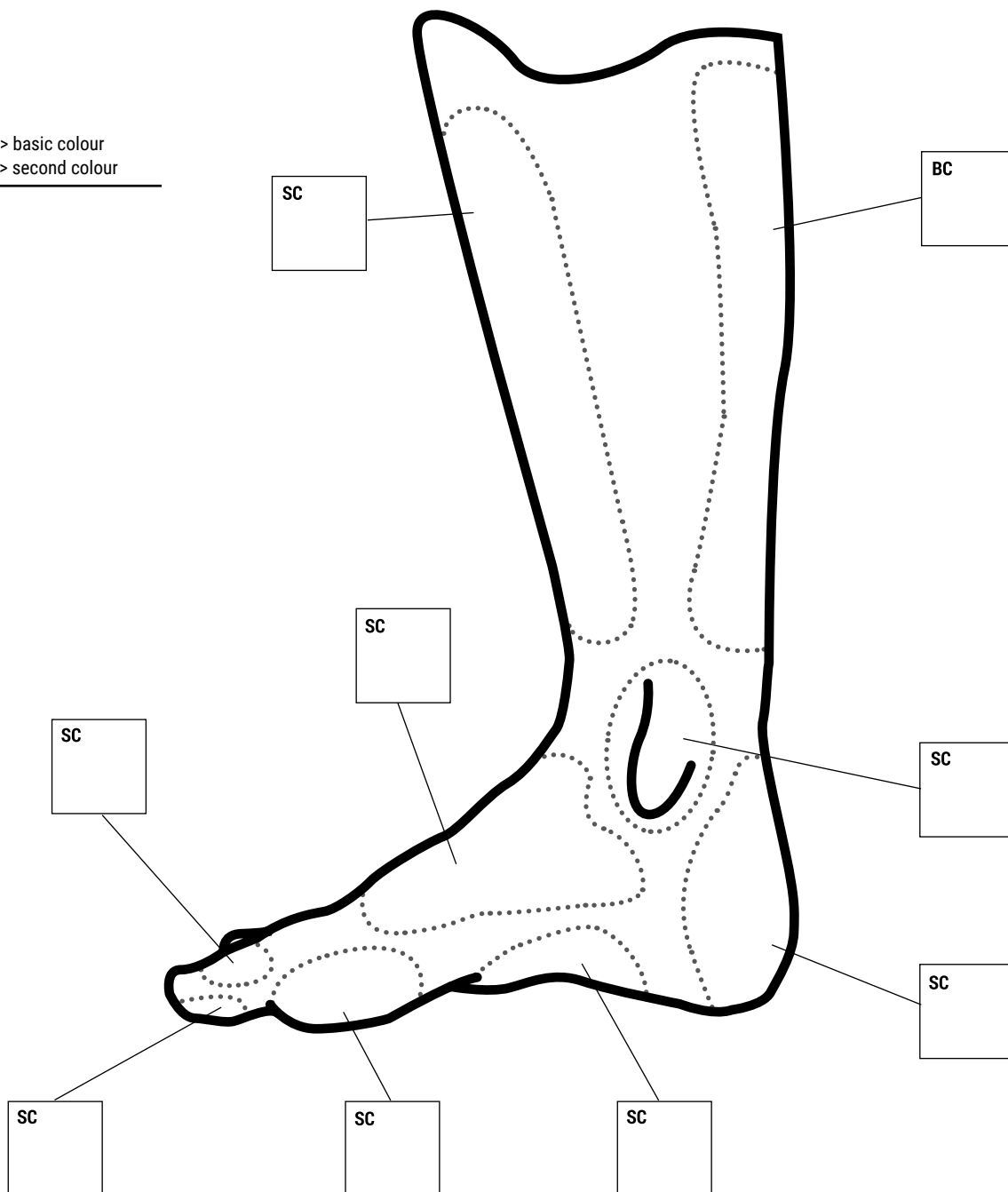
BC

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

# SILICONE COLOR-MATCH

lower leg prosthesis *page 3*

BC > basic colour  
SC > second colour



Notice

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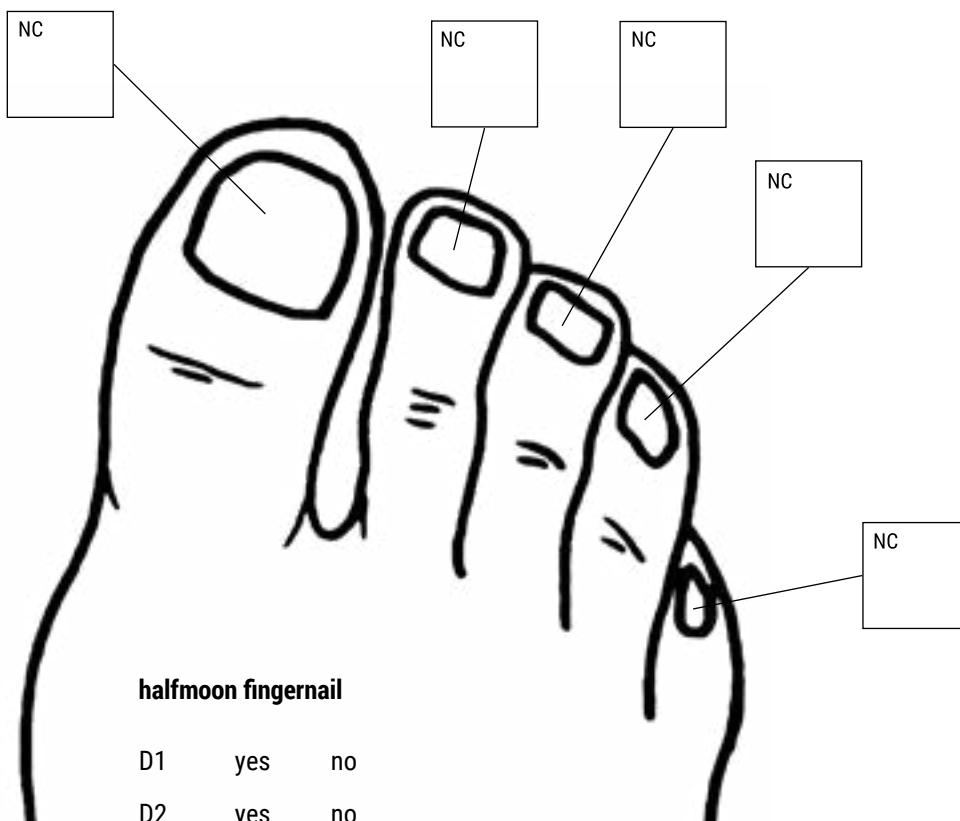
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process	
MRN	
editor	

# SILICONE COLOR-MATCH

lower leg prosthesis *page 4*

NC > Nail colour



**halfmoon fingernail**

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

**end of fingernail**

yes    no

Notice

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