

process | _____
MRN | _____
editor | _____

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SILICONE COLOUR MATCH

forefoot prosthesis

company | _____
street | _____
zip | city | _____

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

patient Information

name | _____
date of birth | _____

affected side	left	right
gender	male	female

configuration

execution	basic	
	classic (max. 3 colours)	
	individuell	
nails	silicone	acryl
hair <small>(not by basic)</small>	yes	no

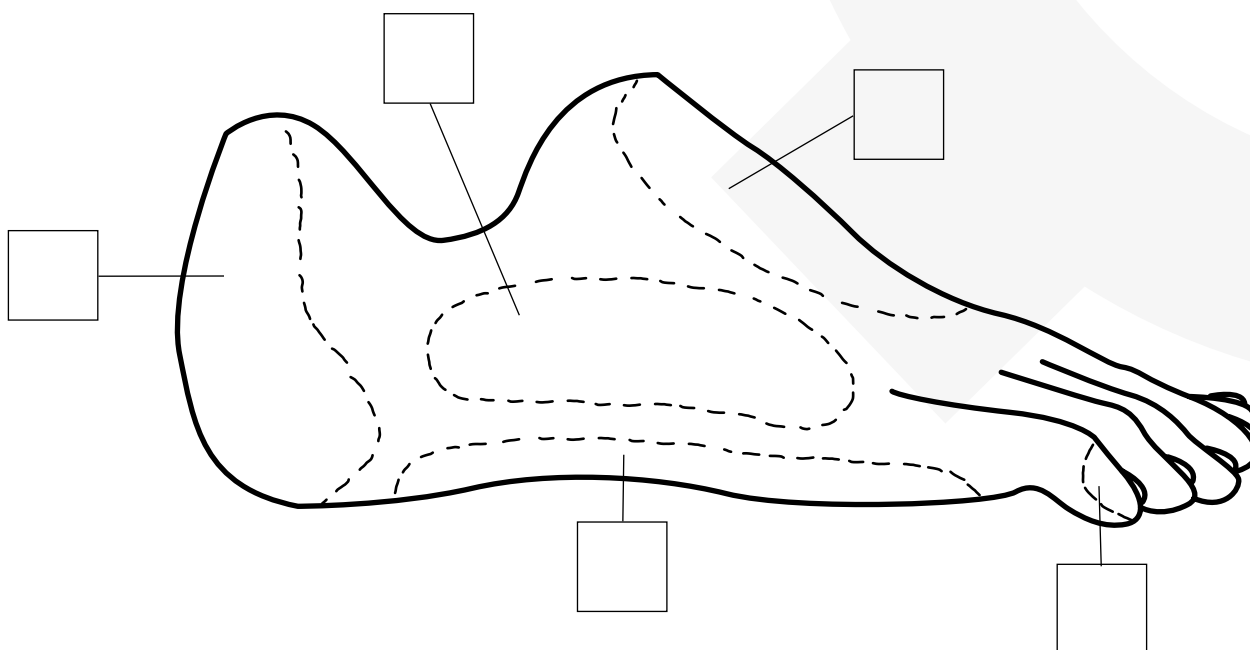
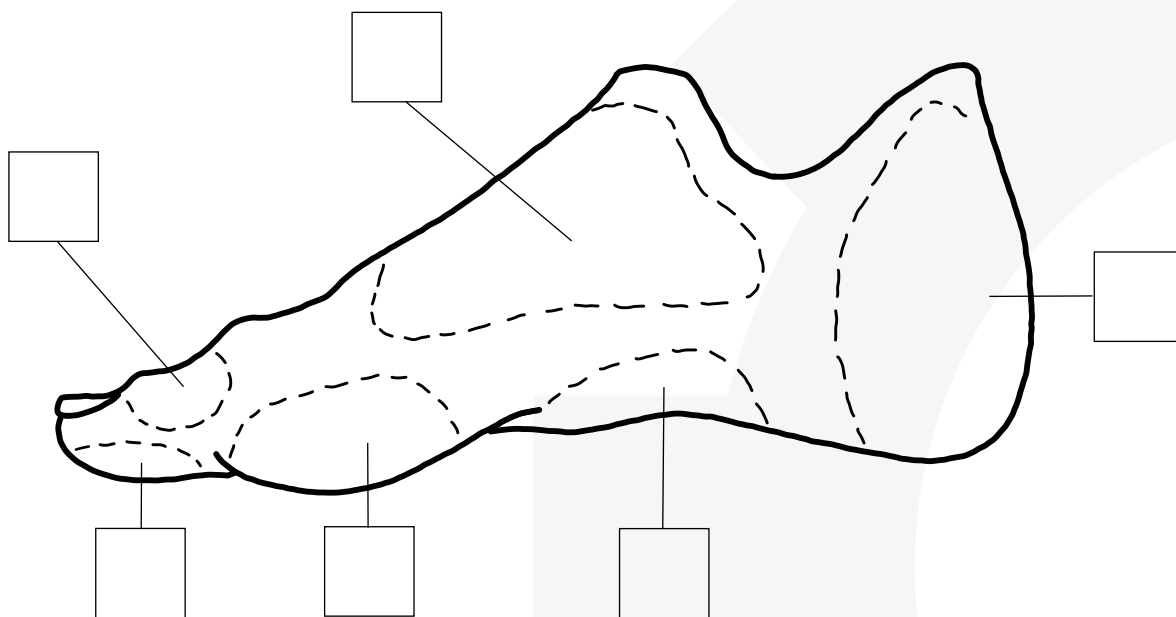
execution classic: if are more than 3 colours indicated, we will reduce it without calling you back.

notice

process	
MRN	
name patient	
editor	

SILICONE COLOUR MATCH

forefoot prosthesis *page 2*



process	
MRN	
name patient	
editor	

SILICONE COLOUR MATCH

forefoot prosthesis *page 3*

Please use the delivered colour ring from us.



end of the nail

yes no

notice
