

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

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# SILICONE COLOUR MATCH

## lower leg 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 | \_\_\_\_\_

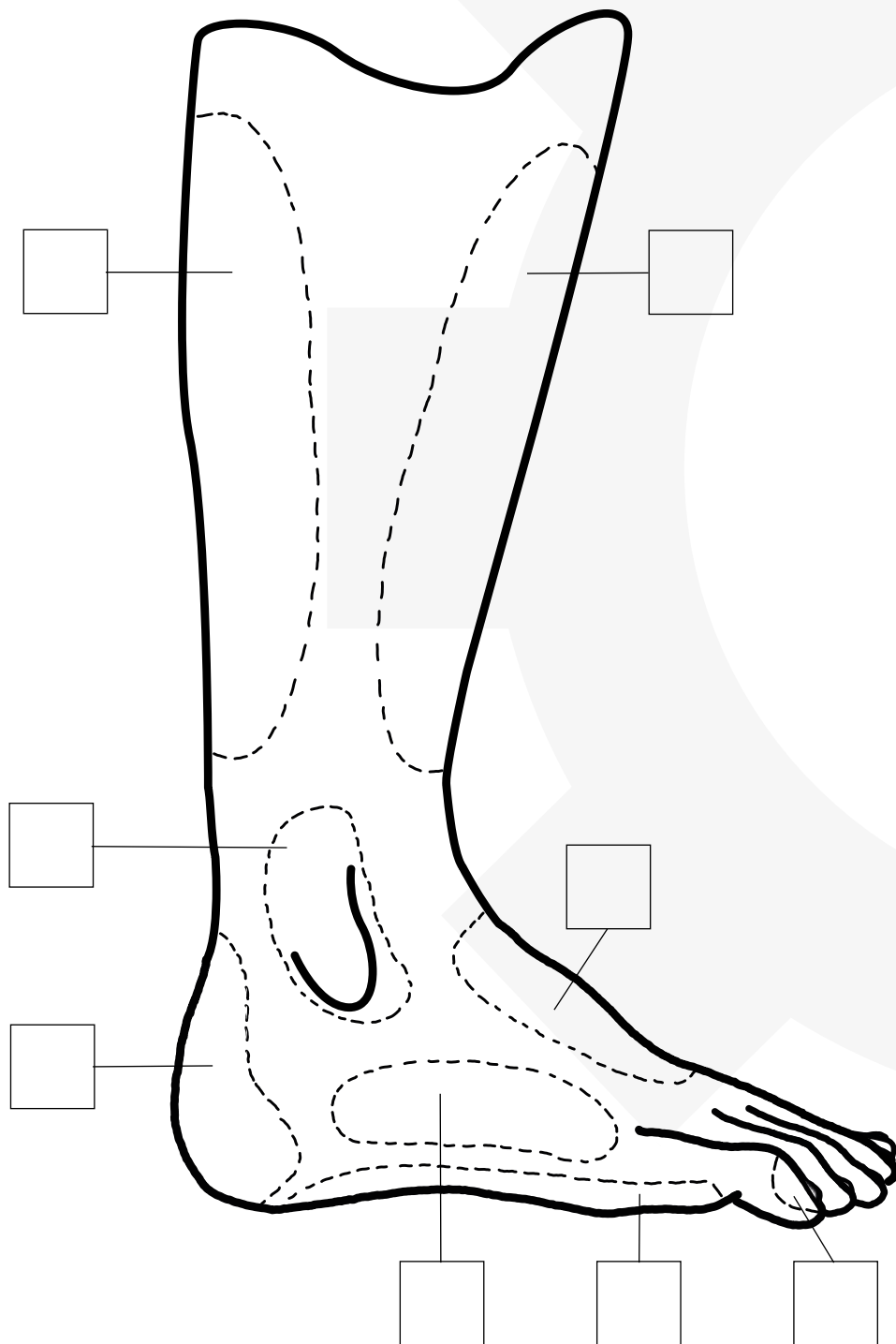
MRN | \_\_\_\_\_

name patient | \_\_\_\_\_

editor | \_\_\_\_\_

**SILICONE COLOUR MATCH**

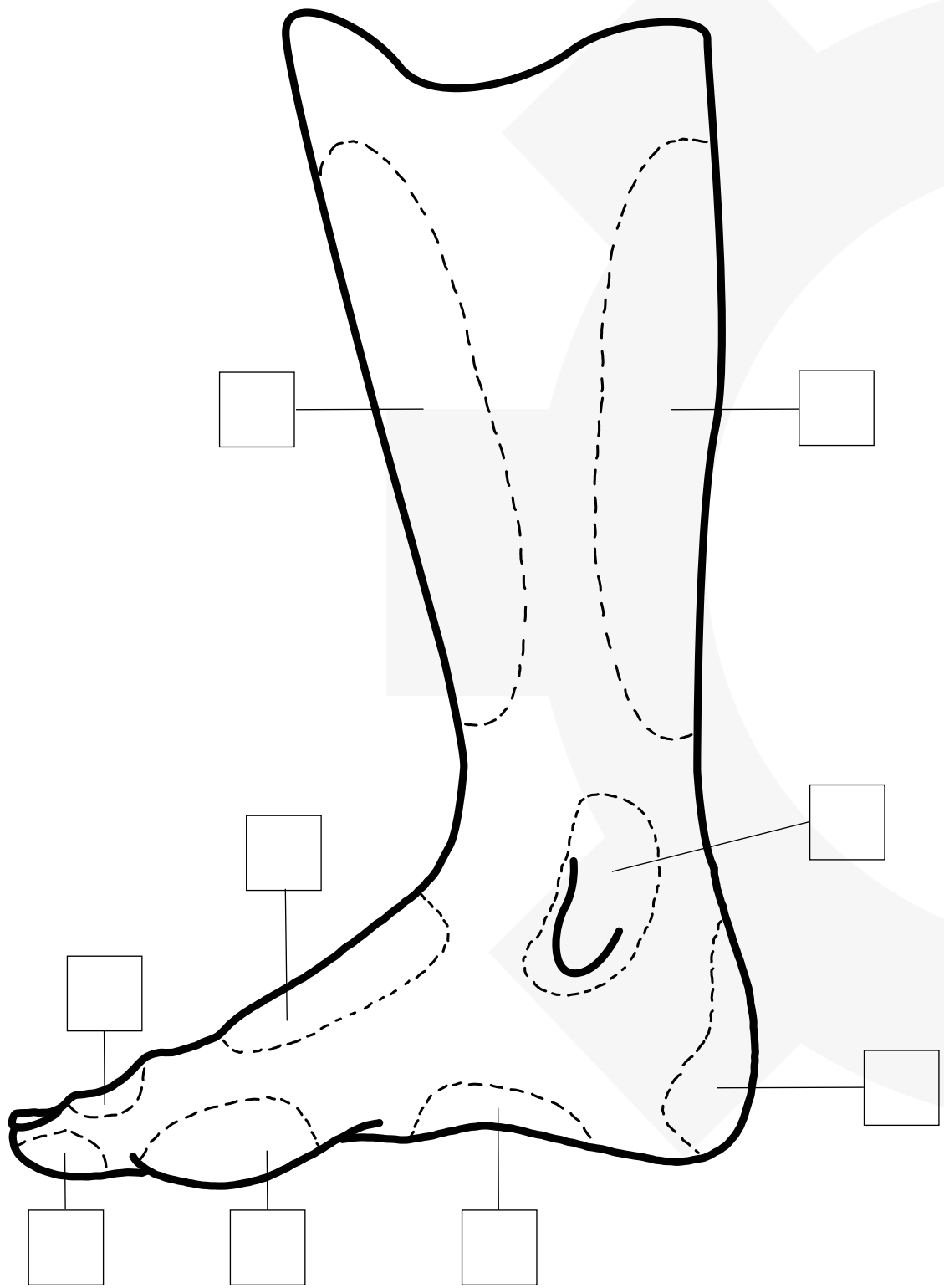
lower leg prosthesis *page 2*



process	
MRN	
name patient	
editor	

### SILICONE COLOUR MATCH

lower leg prosthesis *page 3*



process | \_\_\_\_\_  
MRN | \_\_\_\_\_  
name patient | \_\_\_\_\_  
editor | \_\_\_\_\_

**SILICONE COLOUR MATCH**

lower leg prosthesis *page 4*

**Please use the delivered colour ring from us.**



**end of the nail**

yes    no

*notice*

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