

Order Form – Finger



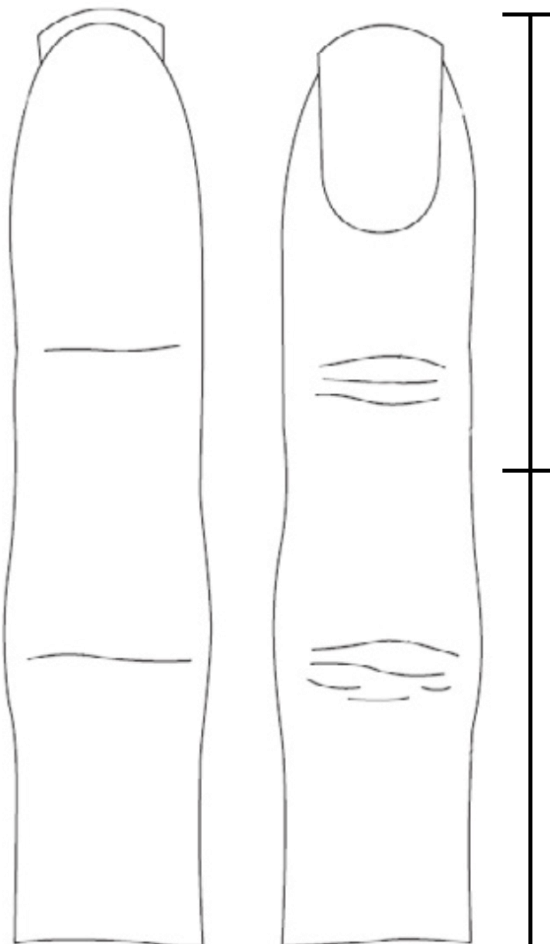
The Silicone Centre
Creating life like silicone

Patient:		
Clinician:		
Email:		
Telephone:		
Purchase Order Number:		Date:
Company:		

Product Type:	Toned	<input type="checkbox"/>
	Uniform	<input type="checkbox"/>
	Reality	<input type="checkbox"/>

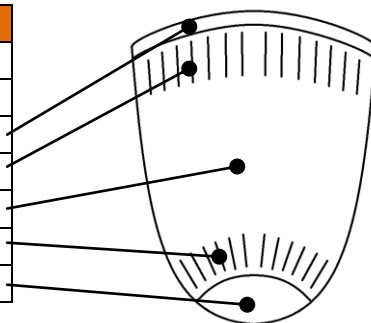
Base Colour	
Colour Swatch Number:	
Colour Key:	
Secondary Colour	
Colour Swatch Number:	
Colour Key:	
Tertiary Colour	
Colour Swatch Number:	
Colour Key:	
Additional Colours (Reality Only)	
Colour Swatch Number:	
Colour Key:	
Additional Colours (Reality Only)	
Colour Swatch Number:	
Colour Key:	
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Colour Key:	
Additional Colours (Reality Only)	
Colour Swatch Number:	
Colour Key:	

Measurements



(Additional Colours on Reverse)

Nail Colour Chart	
Silicone:	
Acrylic*:	
Tip:	
Upper Nail Bed:	
Body:	
Lower Nail Bed:	
Root/moon:	



Hand: Left		Right	
1 st Digit (Thumb)			
2 nd Digit			
3 rd Digit			
4 th Digit			
5 th Digit			
Nail Length:			
Nail Tip Length:			

(* Not available in uniform finish)

Comments:

Additional Colours (Reality Only)	
Colour Swatch Number:	
Colour Key:	
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Colour Swatch Number:	
Colour Key:	

(Internal Use Only)	Yes	Initials
Date Job Received:		
Photo's Received		
Photo's Saved		
Colours Mixed		
Nails Made		
Date Check Socket Sent:		
Date Check Socket Returned:		
Date Final Job Sent:		
Invoice Date/ Number:		
Custom Made Medical Device Statement		