

# Order Form – Foot



**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:	

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

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

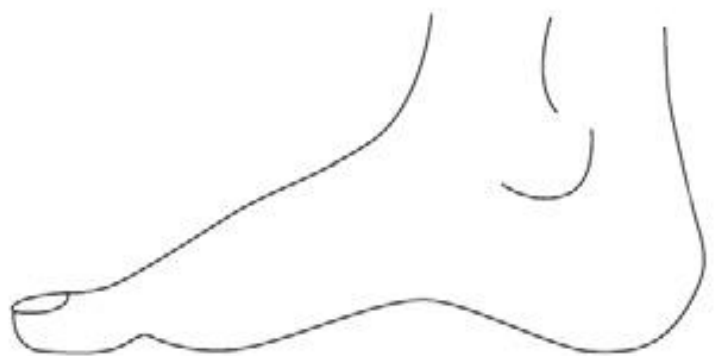
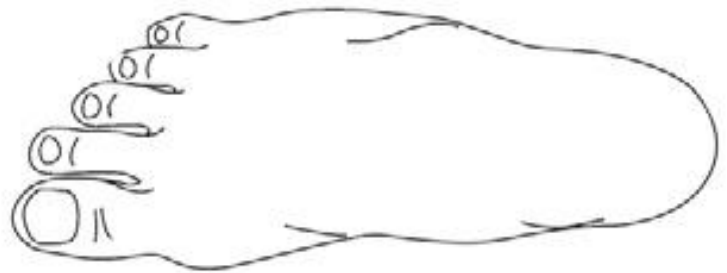
Additional Colours (Reality Only)	
Colour Swatch Number:	
Colour Key:	

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Colour Swatch Number:	
Colour Key:	

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Colour Swatch Number:	
Colour Key:	

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

(Additional Colours and Nail Detail on Reverse)

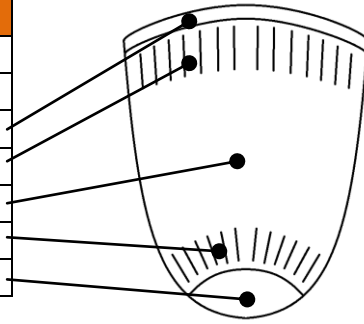


Foot: Left	<input type="checkbox"/>	Right	<input type="checkbox"/>
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Comments:

# Order Form – Foot

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



Nail Length:	
Tip Length:	

(\* Not available in uniform finish)

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