

Order Form – Hand



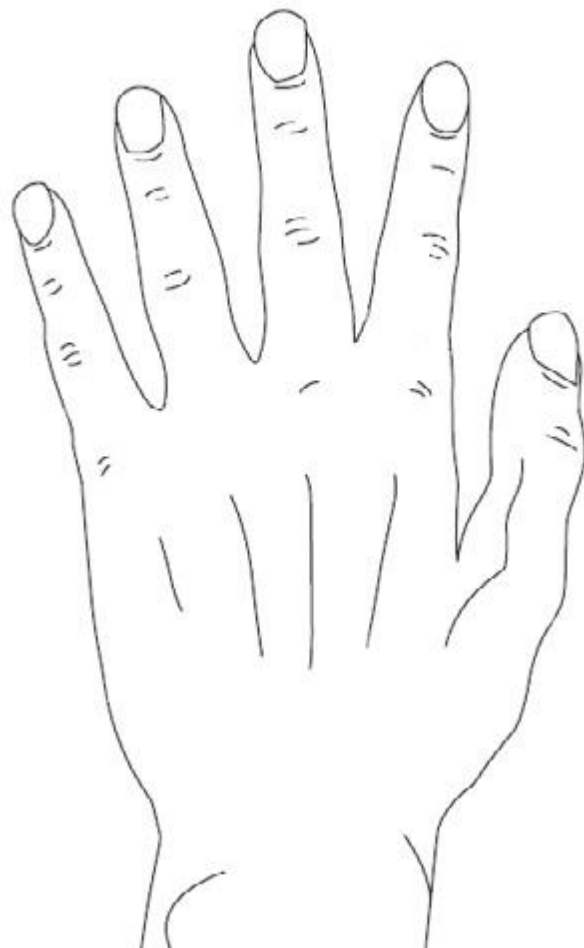
The Silicone Centre
Creating life like silicone

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

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

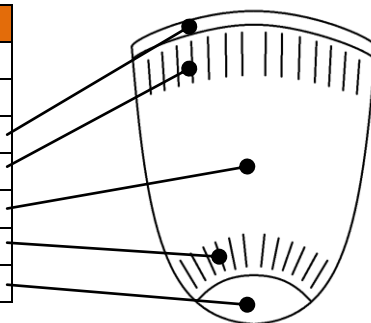
Measurements

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 and palm on Reverse)

Nail Colour Chart	
Silicone:	
Acrylic*:	
Tip (colour and length):	
Upper Nail Bed:	
Body:	
Lower Nail Bed:	
Root/moon:	



Hand: Left		Right	
Nail Length:			
Nail Tip Length:			

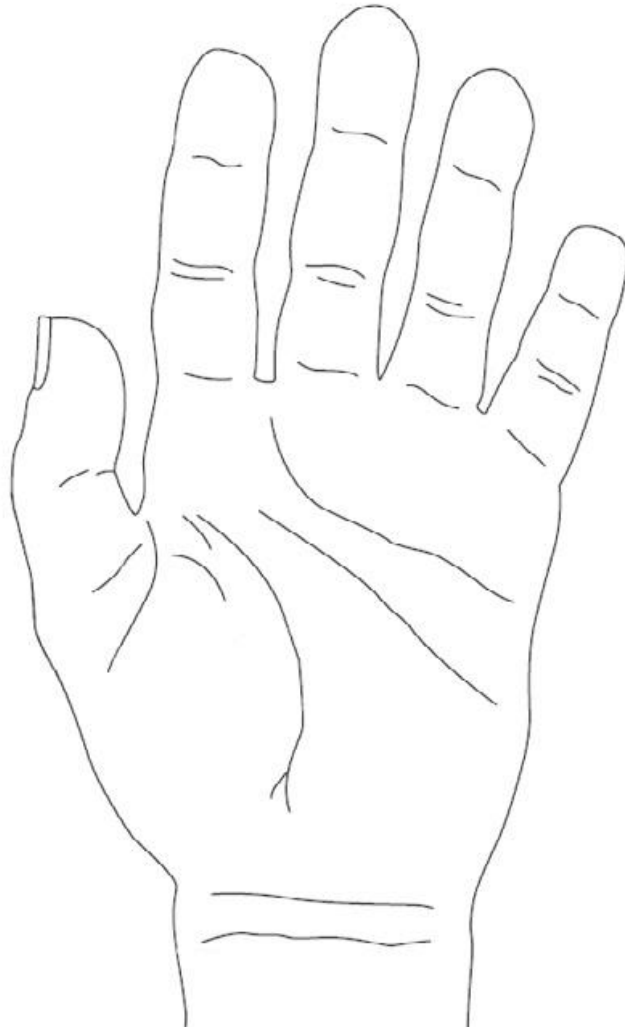
(* Not available in uniform finish)

Comments:

Order Form – Hand

Measurements

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:	
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:	



(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		