

Patient name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Occupation \_\_\_\_\_

Patient contact number / E-mail \_\_\_\_\_

Side and Level of amputation \_\_\_\_\_

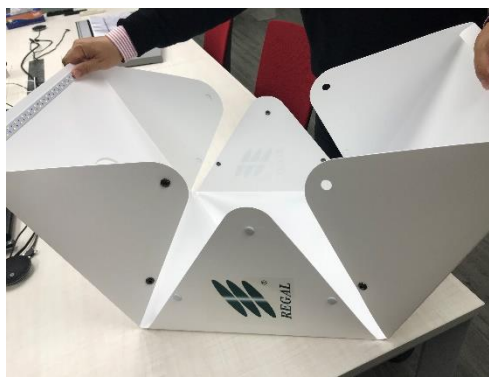
This is the color matching form for Premium Package.

1. Please open up the light box provided by Regal, turn on the light box as per the instruction.

1



2



3



4



5



Note: Please take photo from the top of the lightbox

**DO NOT** use flash light for photo taking



2. Please follow the 6 positions as per the below photos to select your colors. Write down the color codes into the boxes.



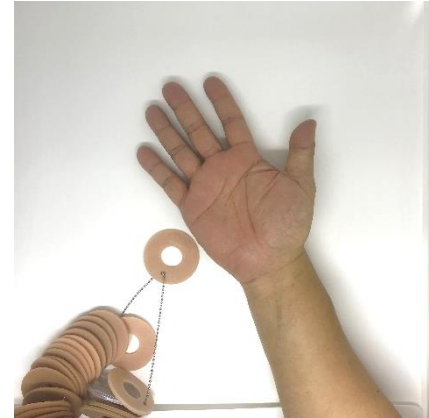
Remark: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Please also send us the photos of these six positions with the color swatch next to the hands.
- DO NOT** put the color watches on the top of the hand while taking photos because this will be blocking the skin patterns and colors when we interpret your photos.
- DO NOT** use flash light for photo taking. Please use the build-in light from the lightbox.

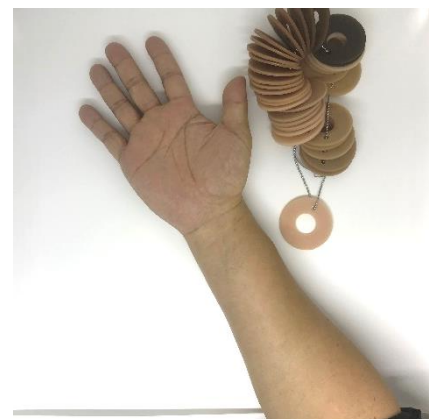
**Finger**



**Palm**



**Arm**



Remark: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_