

Patient name _____ Age _____ Sex _____ Occupation _____

Patient contact number / E-mail _____

Side and Level of amputation _____

This is the color matching form for Premium Package.

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

Note: Please use the white board as background for color matching and photo taking.



Remark:

2. Please also send us the photos of these six positions with the color swatch next to the foot.

DO NOT put the color watches on the top of the foot 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 take these photos under daylight, sunlight or indoor lighting.



Remark: _____

