

process | _____
MRN | _____
editor | _____

MEASUREMENT SHEET

for HTV-shaft

company | _____
street | _____
zip | city | _____

technician | _____
date | _____
e-mail | _____
telephone | _____

patient Information

name | _____
date of birth | _____

affected side	left	right
gender	male	female

notice

Velcro fasteners

Threaded rings (Please sign at plaster)

Standard cushions **unter Ramus**

Ear-wrapping pocket for carbon shaft

Valve sent along – manufacturer + Article no.

Additional cushions (individual gel cushion, please sign at plaster)

Colour shaft _____

(Standard colours for free: blue, red, black, skin, brown, redbrown, yellow)

Matrix yes no (please sign at plaster)

delivered

plaster positiv	holder for pin (M10)
modeled	unmodeled
plaster porous	plaster hard
plaster negativ	trial prosthesis
plaster contralateral	Side
photos	colouring

Please all drawings on plast model mit pencil or copy pencil. No Edding!