

process | \_\_\_\_\_  
 MRN | \_\_\_\_\_  
 editor | \_\_\_\_\_

# MEASUREMENT SHEET

## silicone liner lower extremity

company | \_\_\_\_\_  
 street | \_\_\_\_\_  
 zip | city | \_\_\_\_\_

technician | \_\_\_\_\_  
 date | \_\_\_\_\_  
 e-mail | \_\_\_\_\_  
 telephone | \_\_\_\_\_

### patient information

name | \_\_\_\_\_  
 date of birth | \_\_\_\_\_

affected side	left	right
gender	male	female

*notice*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### configuration

testliner	definitivliner		
with holder for pin(M10)	without holder for pin		
individual upholstery   scar compensation			
Silicone			
Shore	20	35	
Shore thickness	1,8 mm	2 mm	_____ mm
silicone wedge for liner fixation			
Lycra glove			
Colour	skin colour	translucent	colouring on request

### delivered

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

