

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

# MEASUREMENT SHEET

## silicone liner upper 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

