

process | _____
 MRN | _____
 editor | _____

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MEASUREMENT SHEET

partial foot prosthesis

company | _____
 street | _____
 zip | city | _____

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

patient Information

name | _____
 date of birth | _____

affected side left right
 gender male female

notice

configuration

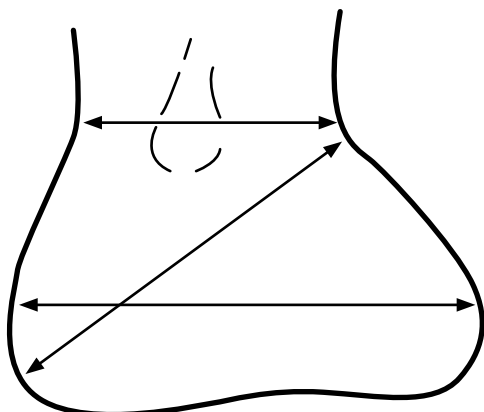
forefoot prosthesis basic
 forefoot prosthesis classic (color ring will be sent)
 forefoot prosthesis individual (patient have to come to dresden)

nails silicone acryl

shoesize | _____

delievered

plaster mold
 modeling unmodeled
 plaster porous plaster hard
 plaster imprint
 plaster model contralaterale side trail prosthesis
 shoe photos colouring



measurement (cm)	stump	plaster	model
circumference in height of meolus lateralis			
heel-backfeet circumference			
horizontal stump circumference			
m-l distance underneath			
footlength			