

entry	
editor	
process	
MRN	

MEASUREMENT SHEET

thump prothesis V1

order number	
company	
street	
technician	

date	
e-mail	
zip city	
telephone	

patient information

name	
date of birth	

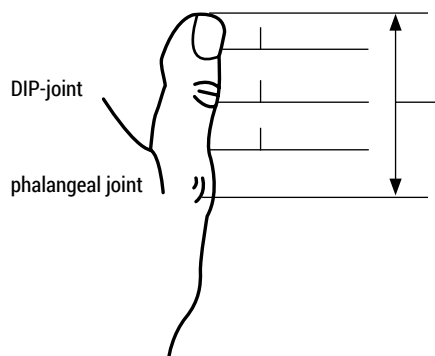
affected side	left	right
gender	male	female

notice

configuration

- trail prothesis silicone Thumb counter-grip prothesis fingernails silicone acryl
- thump prothesis basic
- thump prothesis classic (color ring will be sent)
- thump prothesis individual (patient have to come to dresden for color matching)

Please enter the circumferences of the contralateral side



Please register and draw the stump circumferences and the circumferences of the affected side.

