

entry	
editor	
process	
MRN	

MEASUREMENT SHEET

Finger prosthesis V1

order number	
company	
street	
technician	

date	
e-mail	
zip city	
telephone	

patient Information

name	
date of birth	

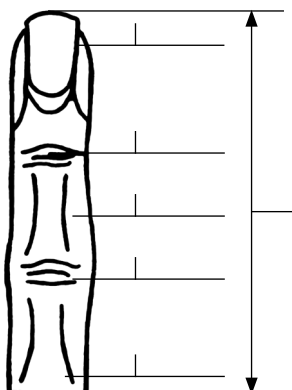
affected side	left	right
gender	male	female

notice

configuration

- trail prothesis silicone fingernails silicone acryl
- finger prosthesis basic
- finger prosthesis classic (color ring will be sent)
- finger prosthesis individual (patient have to come to dresden for color matching)

Please enter the circumferences of the received side



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

