

entry | _____
 editor | _____
 process | _____
 MRN | _____

MEASUREMENT SHEET

forfoot prothesis V2

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

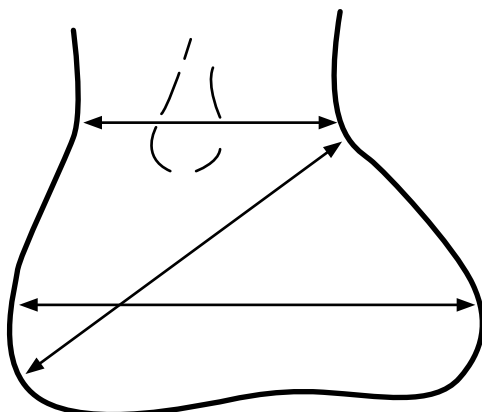
trail prothesis silicone
 forefoot prothesis basic
 forefoot prothesis classic (color ring will be sent)
 forefoot prothesis individual (patient have to come to dresden)

nails silicone acryl

shoesize | _____

delievered

plaster mold
 modeling unmodeled
 plaster porous plaster hard
 plaster imprint
 plaster model contralaterale side trail prothesis
 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			