

process | _____
MRN | _____
editor | _____

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MEASUREMENT SHEET

HTV-Socket for lower extremity

company | _____
street | _____
zip | city | _____

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

patient information

name | _____
date of birth | _____

affected side	left	right
gender	male	female

configuration

- velcro
- threaded rings (please mark on plaster model)
- standard upholstery under ramus
- ear warpping pocket for carbon socket
- additional cushions (individual gel cushion, please mark on plaster)
- colour _____
(standard colours gratis: blue, red, black, skin, brown, redbrown, yellow)
- matrix (for sockets with window inside the carbon socket)

delivered

- plaster mold
- photos
- Valve – producer + item number

Please do all your drawings with pencil or copy pencil. Do not use edding!

notice
