

process | _____
MRN | _____
editor | _____

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MEASUREMENT SHEET

foot lifter rail / innershoe

company | _____
street | _____
zip | city | _____

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

patient Information

name | _____
date of birth | _____

affected side	left	right
gender	male	female

configuration

shore: Orthesis	65	35
hardness	65	35
intensity: orthesis	_____	mm
construction	_____	mm

lock width _____ mm
quantity locks _____ Stk.

colour: orthesis _____
locks _____

(standardcolours gratis: blue, red, black, skin, brown, redbrown, yellow)

deliveries

plaster positiv
modeled unmodeled
plaster porous
plster negativ

photos
trial orthesis
special motiv

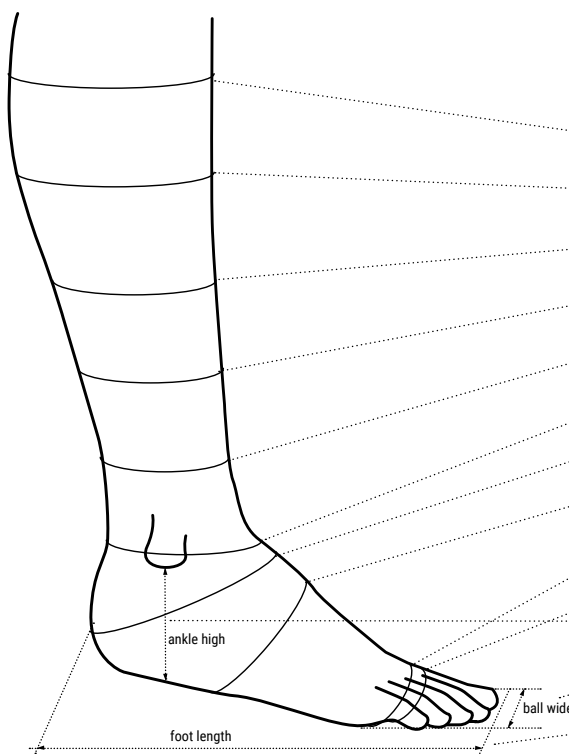
Please all drawings on plast model mit pencil or copy pencil. No Edding!

notice

process	
MRN	
name patient	
editor	

MEASUREMENT SHEET

foot lifter rail / innershoe *page 2*



measurement (in cm)		
circumference 20 cm over ankle		
circumference 15 cm over ankle		
circumference 10 cm over ankle		
circumference 5 cm over ankle		
circumference ankle (B-meas.)		
circumference ankle		
circumference heel - back of foot		
circumference instep		
circumference ball		
circumference littel toe-ball		
ankle high		
ball wide		
foot length		