

process | _____
MRN | _____
editor | _____

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MEASUREMENT SHEET

forefoot prosthesis

company | _____
street | _____
zip | city | _____

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

patient information

name | _____
date of birth | _____

affected side	left	right
gender	male	female

configuration

forefoot prosthesis basic
forefoot prosthesis classic (colour ring will be sent)
forefoot prosthesis individual ((patient must come to Dresden)
toenails silicone acrylic
shoe size | _____

scope of delivery

plaster positive
modeled unmodeled
plaster porous plaster hard
plaster negative
plaster model contralateral side
shoe photos

notes

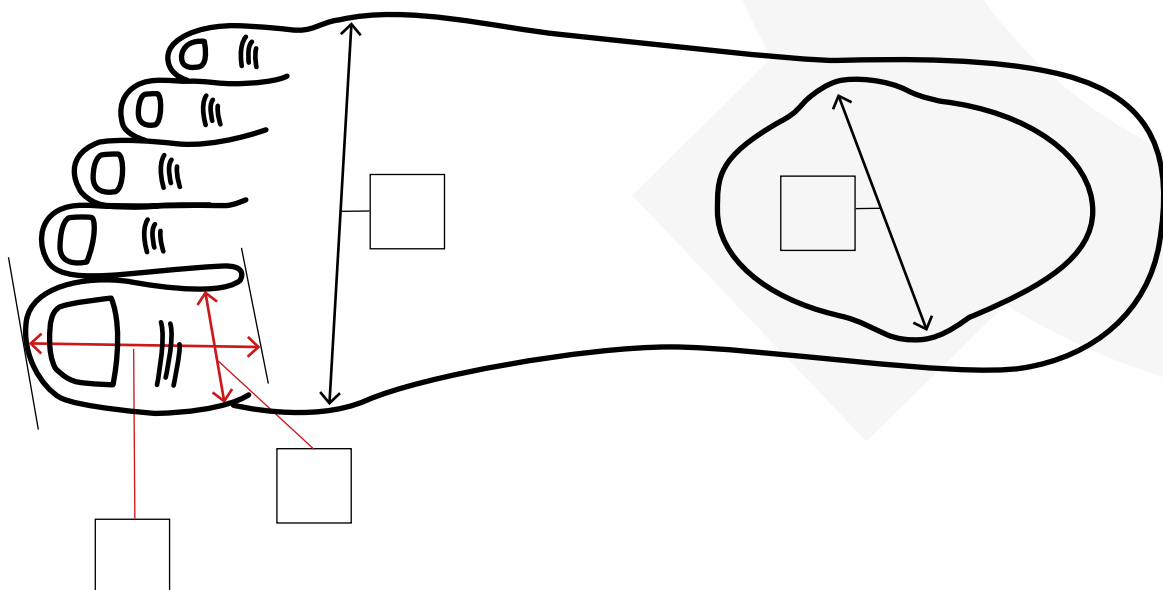
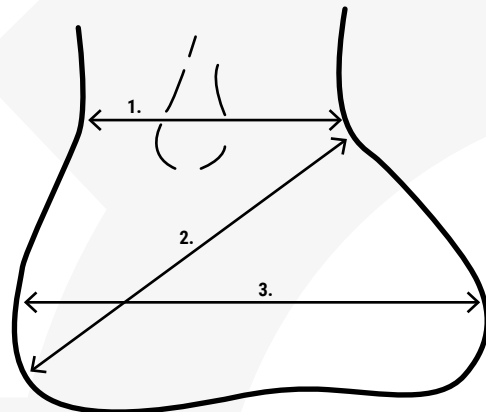
process	
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patient name	
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MEASUREMENT SHEET

forefoot prosthesis *page 2*

circumferences (cm)	residual limb	plaster	model
1. at height of lateral tip of the ankle			
2. heel-to-instep			
3. horizontal residual limb			
4. m-l distance below lateral ankle			

Measure partially loaded in a sitting position.



Clear width, do not measure circumferences.