

process | \_\_\_\_\_  
 MRN | \_\_\_\_\_  
 editor | \_\_\_\_\_

**schubert + braun prothesenwerk gmbh**  
 Bautzner Str. 145 | 01099 Dresden  
 Germany | +49 351 5637 9796  
[info@prothesenwerk.com](mailto:info@prothesenwerk.com)  
[www.prothesenwerk.com](http://www.prothesenwerk.com)

# MEASUREMENT

## silicone liner upper extremity

company | \_\_\_\_\_  
 street | \_\_\_\_\_  
 zip | city | \_\_\_\_\_

technician | \_\_\_\_\_  
 date | \_\_\_\_\_  
 e-mail | \_\_\_\_\_  
 telephone | \_\_\_\_\_

### patient information

name | \_\_\_\_\_  
 date of birth | \_\_\_\_\_

affected side	left	right
gender	male	female

### configuration

testliner	definitivliner	
electrode section		
<b>HTV</b>		
shore	35	65
thickness	1,2 mm	1,6 mm    _____ mm
<b>gel</b>		
thickness	_____ mm	
with holder for pin(M10)	without holder for pin	
silicone wedge for linerfixation		
lycra glove		
belt		
colour	skin colour	translucent    colouring on request
<small>(colours: blue, red, black, brown, red brown, yellow, skin colour)</small>		

### delivered

plaster positiv  
 modeled    unmodeled  
 plaster porous  
 plaster negativ  
 photos

