

process | _____
MRN | _____
editor | _____

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MEASUREMENT SHEET

HTV-Socket for 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

shore: 65 35
thickness: 3 mm 4 mm _____
velcro
threaded rings (please mark on plaster model)
silicone wedge
additional cushions (individual gel cushion, please mark on plaster)
colour _____
(standard colours gratis: blue, red, black, skin, brown, redbrown, yellow)
matrix (with window socket)

delivered

plaster mold
photos
PIN – producer + item number

Valve – producer + item number

electrode (please scribble on plaster model)
producer + item number (please send dummies)

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

notice
