

process | _____
 MRN | _____
 editor | _____

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MEASUREMENT SHEET

for silicone hand prosthesis

company | _____
 street | _____
 zip | city | _____

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

patient Information

name | _____
 date of birth | _____

affected side	left	right
gender	male	female

configuration

hand prosthesis basic
 hand prosthesis classic (colour ring will be sent)
 hand prosthesis individuell (patient have to come to dresden for colour matching)

fingernails	silicone	acryl
Haare <small>(nicht bei Basic)</small>	ja	nein

delivered

plaster positiv	
modeled	unmodeled
plaster porous	plaster hard
plaster negativ	trial prosthesis
plaster contralateral Side	
photos	colouring

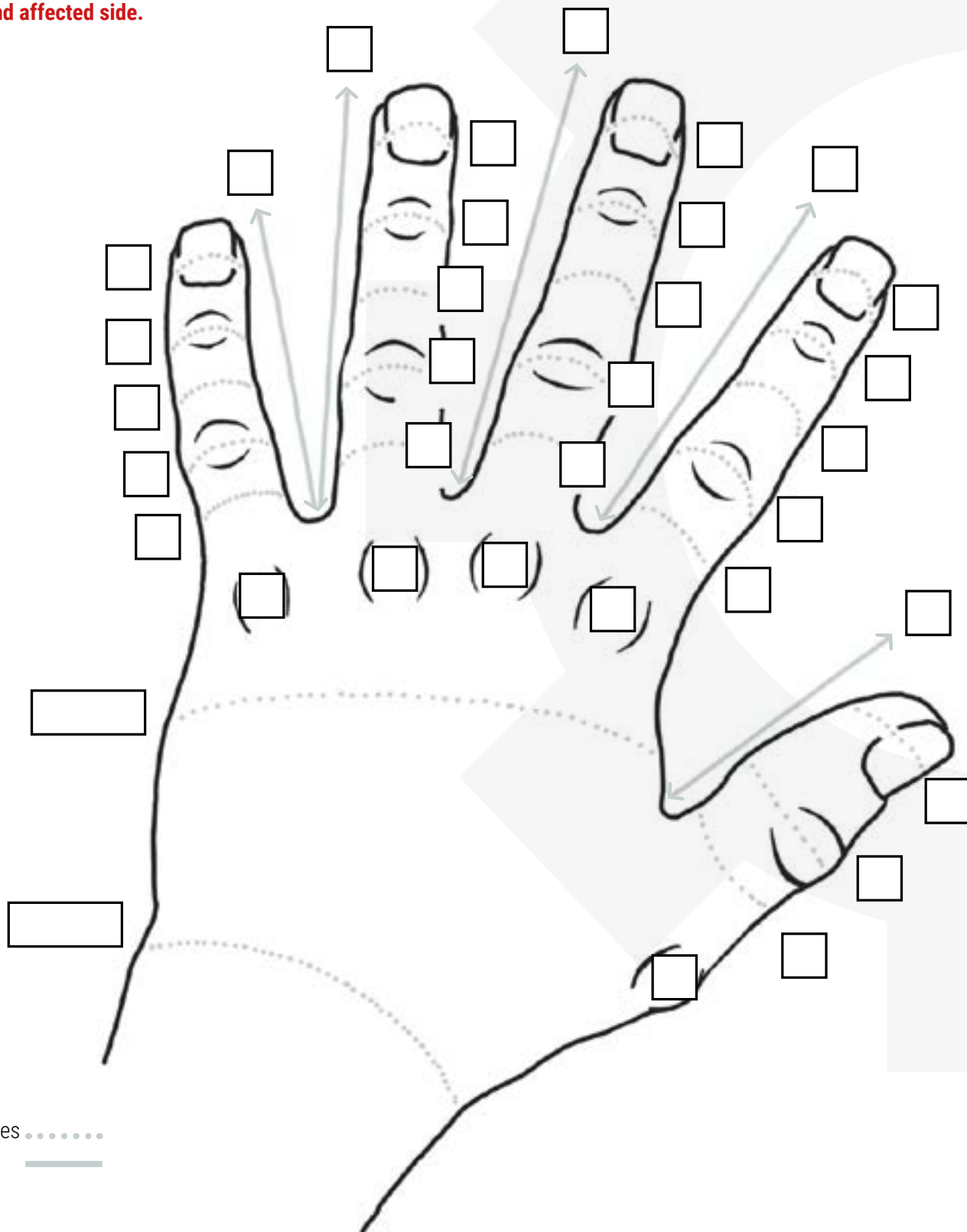
notice

process	
MRN	
name patient	
editor	

MEASUREMENT SHEET

for silicone hand prosthesis *page 2*

Please draw the stump circumferences of the received and affected side.

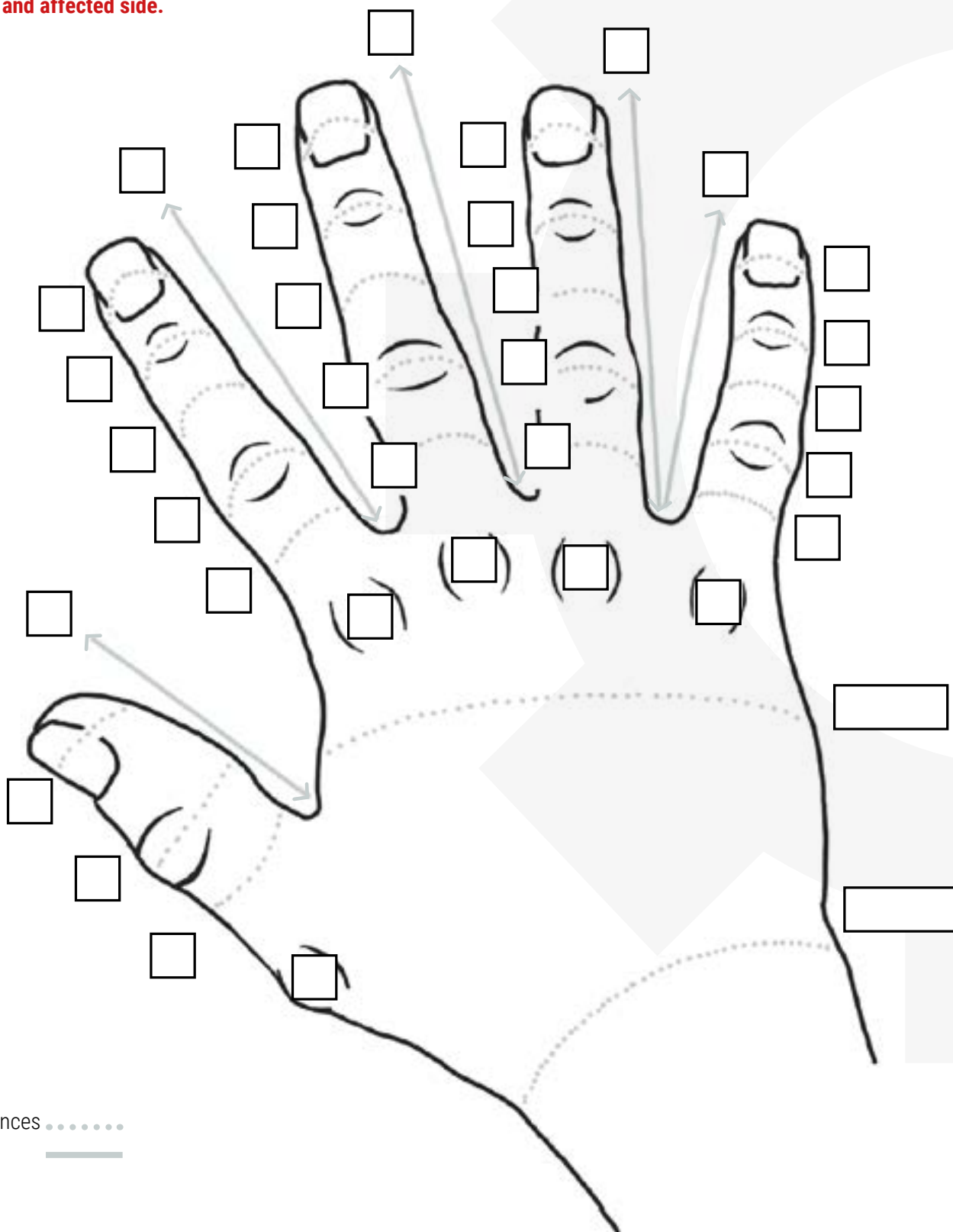


process	
MRN	
name patient	
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MEASUREMENT SHEET

for silicone hand prosthesis *page 3*

Please draw the stump circumferences of the received and affected side.



legend

circumferences
length ———