

Maßblatt Fußprothetik

Patient:

Name: _____

Vorname: _____

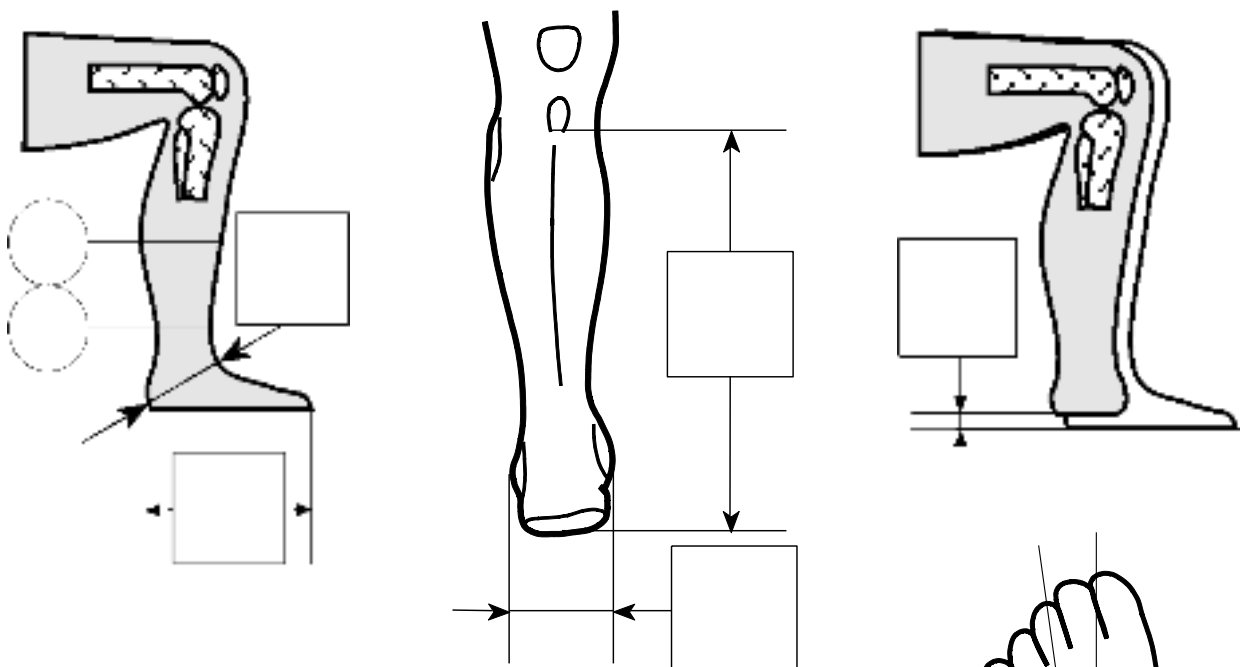
Geburtsdatum: _____

Amputation: links / rechts

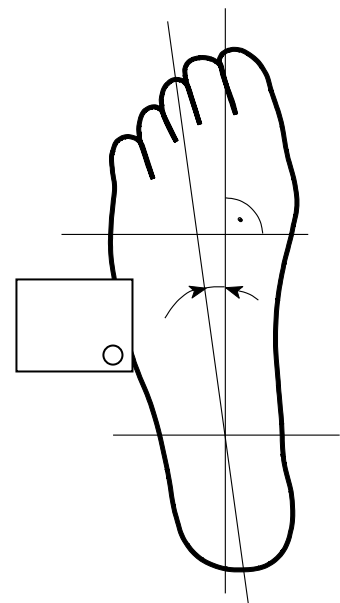
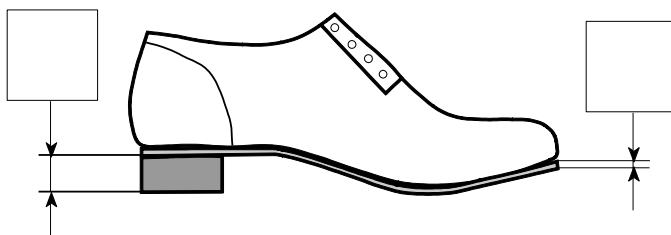
Maß- Abformtechnik durch:

Name: _____

Datum: _____



Effektive Absatzhöhe:



Bemerkungen: _____

