

Measuring-sheet transtibial socket

Patient address

Measuring-cast technique by

Patient no.

Date of casting

Patient information

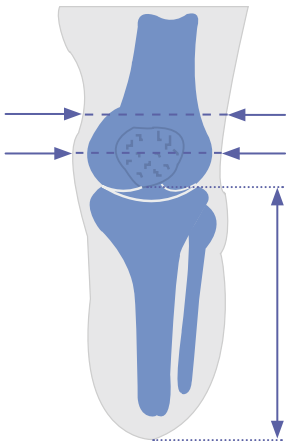
Date of amputation _____ Male Female Age _____ Body height _____ Weight _____

Reason for amputation, e.g. diabetes _____ Amputation side Right Left

Activity level Walky 1 Walky 2 Walky 3 Walky 4

Particularities, e.g. dysmelia _____

Stump dimensions

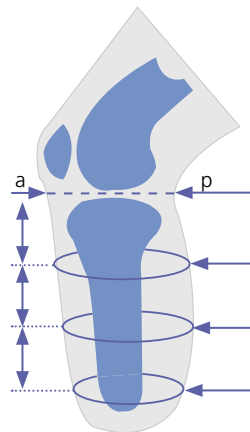


Effective heel height

Shoe heel

Prosthetic foot

Circumference dimensions in distance to

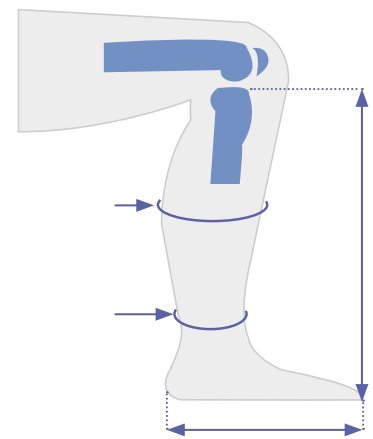


Prosthesis

Thigh lacer with side joints Supracondylar suspension Gel liner Silicone liner

Liner size

Reference dimensions to intact side



Remarks, e.g. side of the lock (pressure button side), type of lock

