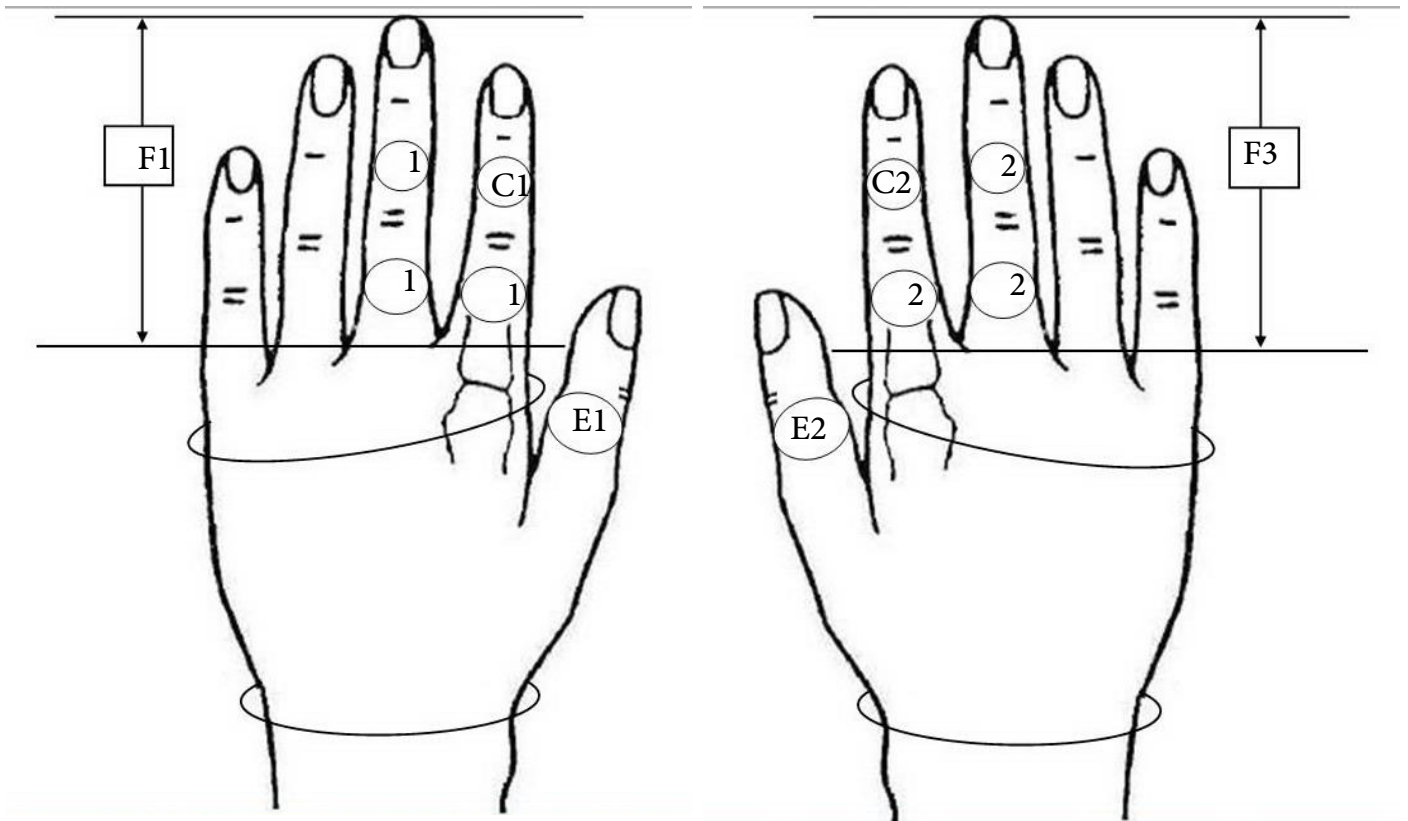


Silicone Hand Measurement Record Form

Name: _____ Gender: ☐ Male ☐ Female Age _____

Skin: _____ Position: ☐ Left ☐ Right Date _____

☐ With Zipper ☐ Cosmetic Hand ☐ Finger ☐ With Screw foaming



Unit: mm

Attention: Fill the circumference in the circle, fill the length in the square, and write the circumference of the ring finger and little finger on the picture.

AMPUTEE - STUMP DATA

User Code : SYM - _____

Date:

Name: _____ Age: _____ Sex: _____ Height: _____ Year of Amputation: _____

Type of Amputation: _____

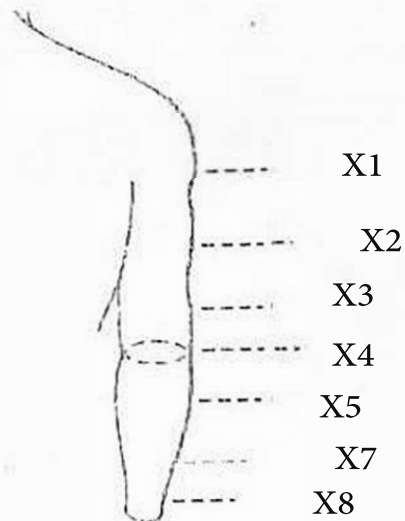
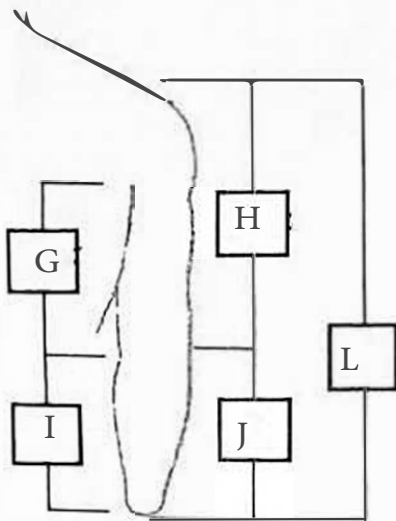
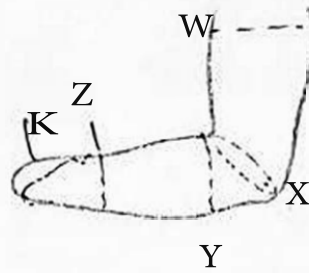
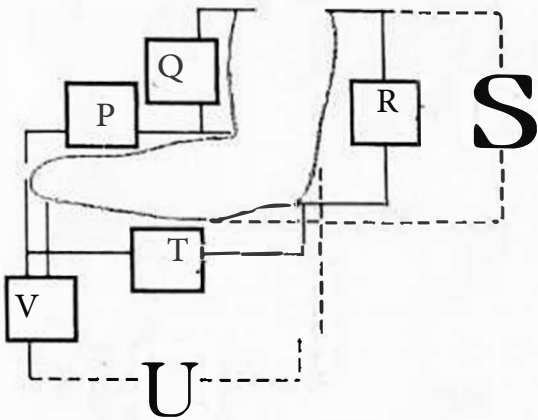
Shoulder Length: _____ Elbow to Elbow Length: _____

Amputated Hand:

Transradial

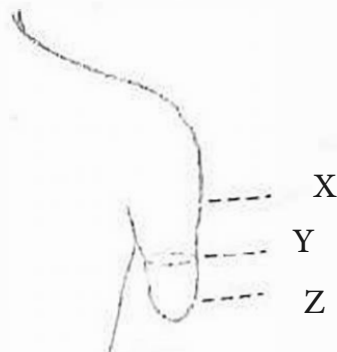
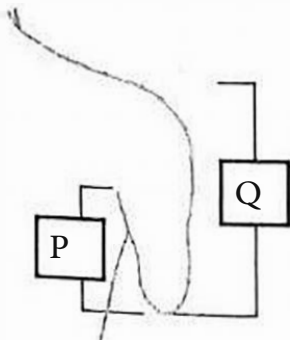
L R

Notes:



Transhumeral

L R



Blank lined paper for writing.

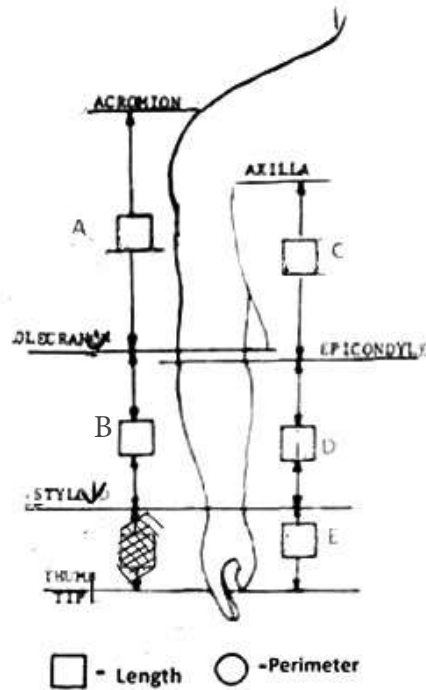
UNILATERAL AMPUTEE - STUMP DATA

Name: _____ Age: _____ Sex: _____

Type of Amputation: _____ Year of Amputation: _____

Previously Used Prosthesis:

Notes:



Other Upper Limb

☐ Transradial

☐ Transhumeral

