

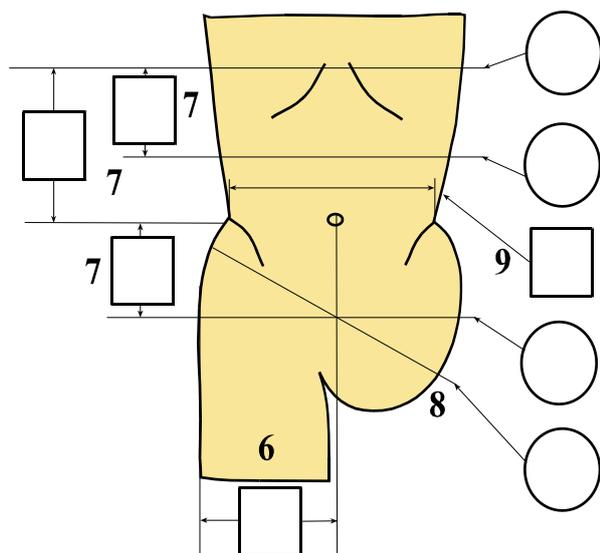
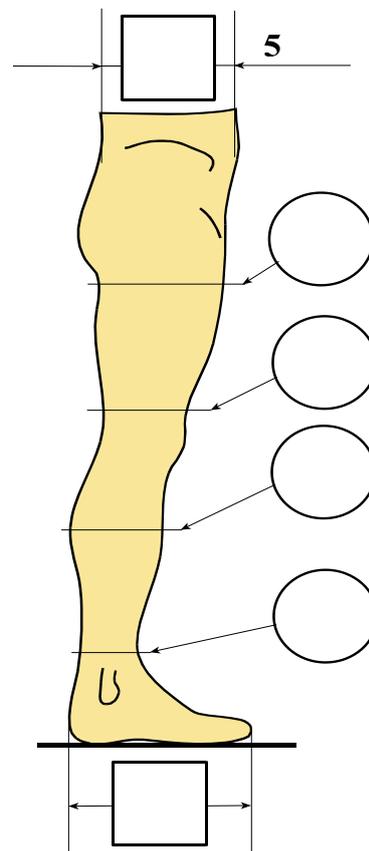
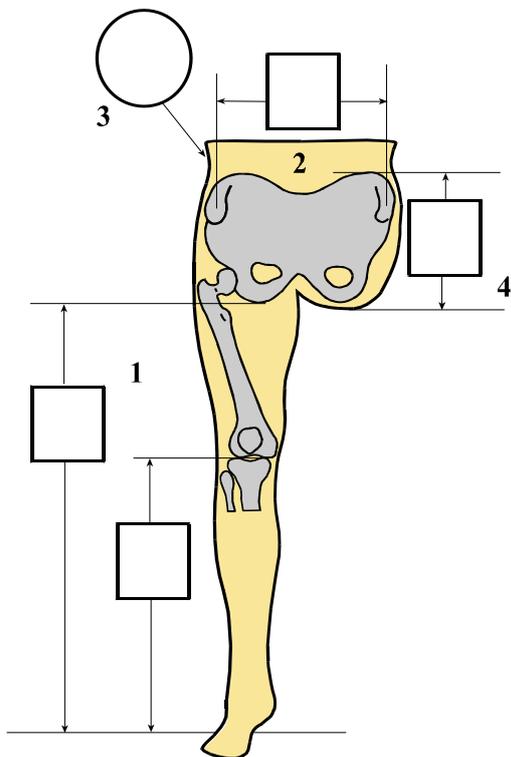
Maßblatt nach Hüftexartikulation

Patient: _____

Datum: _____

Alter: _____

Amputation: links / rechts



Absatzhöhe: _____ mm

Datum: _____

Techniker: _____