

To write down key elements before filling in the online form



The present sheet is only intended to help you conveniently write down key data during the meeting / scan with the patient, so you can fill the online order form later.

**It is NOT an order form:** some info required to properly make Your® Liner is not provided here.

The data you collect on this paper must be inputted in the Online Ordering Platform, which you can find on MotionTech's website:


<http://motiontech.ch/yourlinerorderingplatform>

## PATIENT INFORMATION

Patient ID: \_\_\_\_\_ Amputation side: L R

Started using prostheses in: \_\_\_\_\_ Weight: \_\_\_\_\_kg Birth year: \_\_\_\_\_

## MEASUREMENTS

Height from distal end [cm]	Perimeter, Tight [cm]	Perimeter, Loose [cm]
Measurements taken:	<input type="checkbox"/>  Curved	<input type="checkbox"/>  Straight
Liner length should be at least:	_____cm	

## ZONES FOR THICKNESS CONTROL

ZONE N°	Tissue type	Thickness control <small>Either "Add cushion pad", or "Fill this area"</small>	Why / Comments / Details
1			
2			
3			
4			
5			
6			
7			
8			
9			



## CHECKLIST

Before letting your patient go, make sure you have:

- |  |  |
|--|--|
| <input type="checkbox"/> Taken measurements                            | <input type="checkbox"/> Decided which suspension you will go for      |
| <input type="checkbox"/> Drawn measurements location on the limb       | <input type="checkbox"/> Decided which aesthetic style you will go for |
| <input type="checkbox"/> Decided which silicone type you will go for   | <input type="checkbox"/> Taken photos and videos of the limb           |
| <input type="checkbox"/> Drawn zones for thickness control on the limb | <input type="checkbox"/> Taken a good scan of the limb                 |

## EXTRA NOTES

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