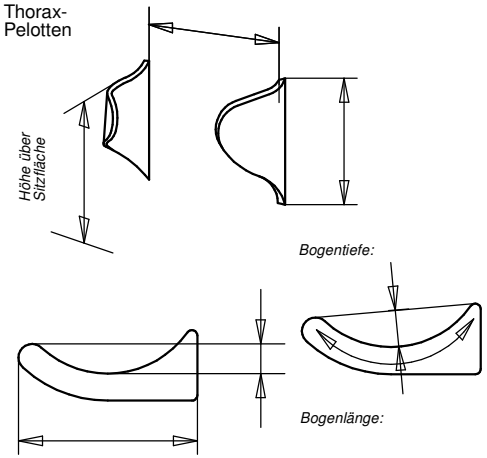
Anlage zum Bedarfsermittlungsbogen / Anpassbogen Stand Mai 2009

Maßblatt / Modulmaße

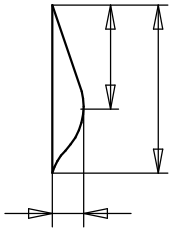
versichertes Kind: Name _____ Vorname _____

Maße aufgenommen von: _____ Datum: _____

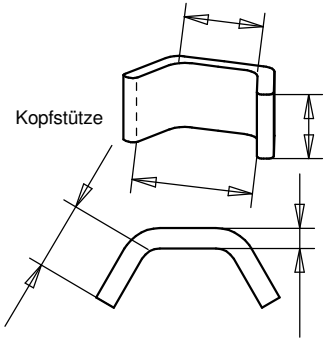
Thorax-
Pelotten



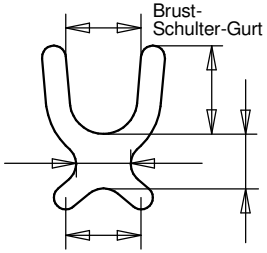
LWS-
Stütze

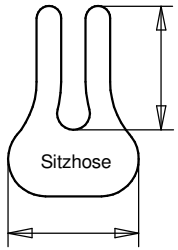


Kopfstütze

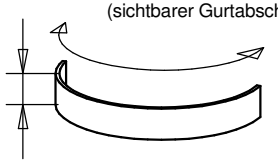


Brust-
Schulter-Gurt

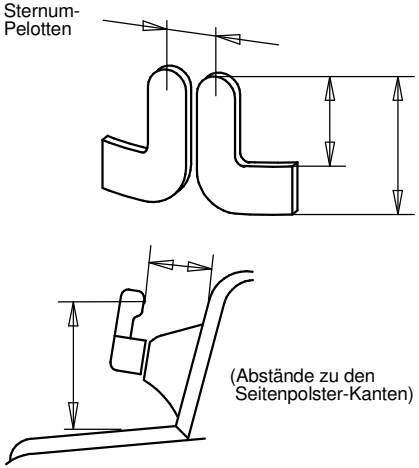


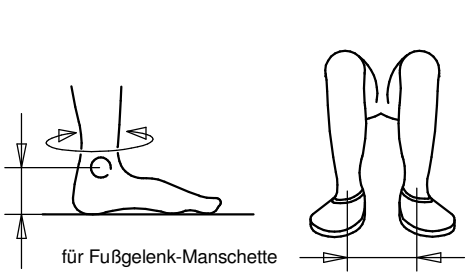


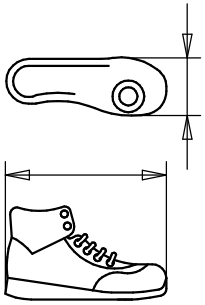
Brust-/Beckengurt
(sichtbarer Gurtabschnitt)

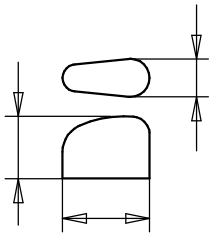


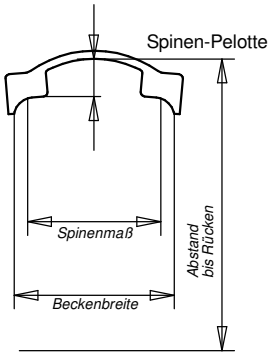
Sternum-
Pelotten











Alle Maße in cm