

# Upper limb silicone cover. Order form.

|  |                      |                  |   |                                    |                                     |
|--|----------------------|------------------|---|------------------------------------|-------------------------------------|
| Contact  | <input type="text"/> | Customer No.     | <input type="text"/>  | Date                               | <input type="text"/>                |
| <b>Customer Information</b>  |                      |                  | <b>Ship To Information</b> (if different from customer address) |                                    |                                     |
| Company  | <input type="text"/> | Company          | <input type="text"/>  |                                    |                                     |
| Address  | <input type="text"/> | Address          | <input type="text"/>  |                                    |                                     |
| City/State/Zip   | <input type="text"/> | City/State/Zip   | <input type="text"/>  |                                    |                                     |
| Email  | <input type="text"/> | Email            | <input type="text"/>  |                                    |                                     |
| Phone  | <input type="text"/> | Phone            | <input type="text"/>  |                                    |                                     |
| Patient ID   | <input type="text"/> | Shipping Options | <input type="checkbox"/> UPS Next Day                           | <input type="checkbox"/> UPS 2-Day | <input type="checkbox"/> UPS Ground |
|  |                      |                  | <input type="checkbox"/> Other                                  | <input type="text"/>               |                                     |
| <input type="checkbox"/> <b>Order</b> <input type="checkbox"/> <b>Quote Only</b> |                      |                  |   |                                    |                                     |

“Natural” : Full Colour  
 “Basic” : One Colour

**Configuration**

- 88A10 Silicone Cover “Natural” TR
- 88A11 Silicone Cover Elbow to Shoulder Extension
- 88A13 Silicone Cover “Basic” TR

**Please provide:**

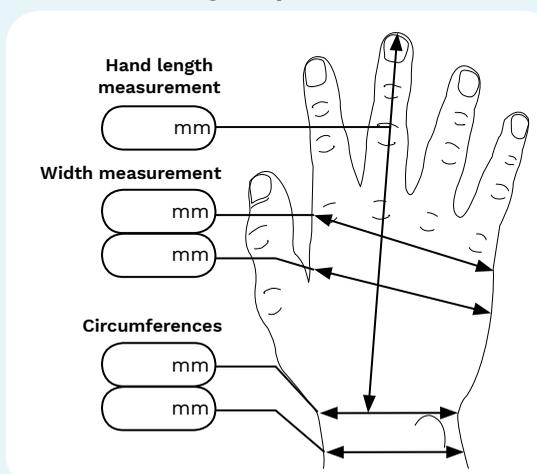
- Photos of contralateral side
- Photos of client wearing prosthesis
- Genuine arm hair
- Assembled prosthesis
- Cast of the contralateral side
- Measurements (below)

## Measurement form.

**Measurement of contralateral side**

Please reproduce the anatomical shape of the arm in the prosthesis and note that the prosthesis circumference should be approximately 12-14 mm less compared to the contralateral side.

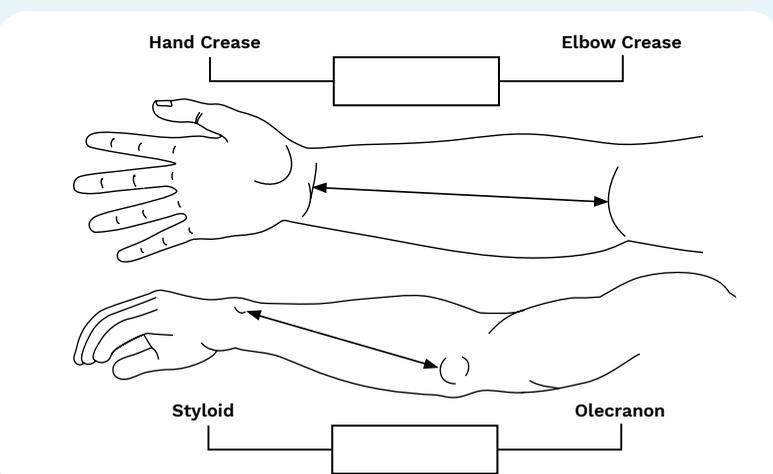
**To be filled out by the prosthetist**



Hand length measurement  
mm

Width measurement  
mm  
mm

Circumferences  
mm  
mm



Hand Crease                      Elbow Crease

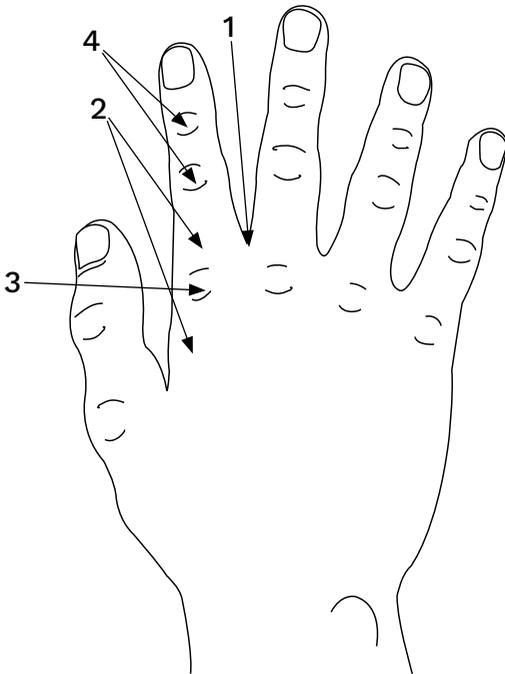
Styloid                              Olecranon

# Silicone partial finger/hand prosthesis. Colour determination spec sheet.

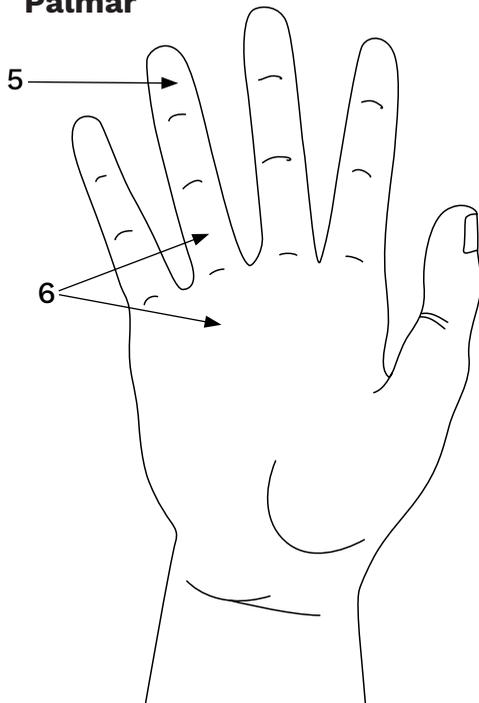
Patient ID  Customer No.  Date

Comments:

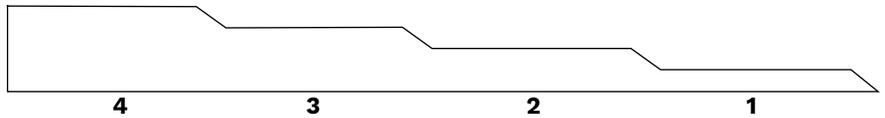
## Dorsal



## Palmar



## Colour swatch - Colour grade



| Area          | Swatch #   | Grade #   | Additional Comments     |
|---------------|--|---|-------------------------|
| <b>Dorsal</b> |  |   |                         |
| 1 Base        |  | <input type="checkbox"/> 3 <input type="checkbox"/> 4 |                         |
| 2 Tan         |  |   |                         |
| 3 MCP         |  |   |                         |
| 4 PIP/DIP     |  |   |                         |
| Vein*         | <input type="checkbox"/> Green <input type="checkbox"/> Blue | <input type="checkbox"/> Other: _____                 | *Draw vein location     |
| Freckles      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |   |                         |
| Hair**        | <input type="checkbox"/> Yes <input type="checkbox"/> No     |   | **Draw hair orientation |

## Palmar

|             |  |
|-------------|--|
| 5 Fingertip |  |
| 6 Palmar    |  |

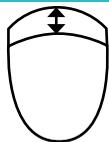
## Nails

\*Nail sample for colour reference only.

Shape + length determined by cast.

Acrylic  Silicone

## Tip Length



- 0.5 mm
- 1 mm
- 2 mm
- 3 mm

## Nail Swatch Ring

\*If using nail swatch ring, write swatch ID in corresponding area



