

Silicone partial finger/hand prosthesis. Order form.

Contact	<input type="text"/>	Customer No.	<input type="text"/>	Date	<input type="text"/>
Customer Information			Ship To Information (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"/> Order <input type="checkbox"/> Quote Only					

Affected fingers:

Please check all that apply. (thumb = I)

Left hand

I II III IV V

Right hand

I II III IV V

“Natural” : Full Colour

“Basic” : One Colour

Hand Configuration

- 88A2=PF** Trial Hand Prosthesis
- 88A2=HF** Definitive Hand Prosthesis “Basic”
- 88A2** Definitive Hand Prosthesis “Natural”
- 88A2=IP** Trial Infant Hand Prosthesis
- 88A2=IF** Definitive Infant Hand Prosthesis

Finger Configuration

- 88A1=P*** Trial Fingers Qty: _____
- 88A1=*** Finger Prosthesis “Natural” Qty: _____
- 88A1=*FF** Finger Prosthesis “Basic” Qty: _____
- 88A1=D** Thumb Prosthesis “Natural”
- 88A1=FF** Thumb Prosthesis “Basic”
- 88A2=PD** Trial Finger/Thumb with Hand Fixation
- 88A2=D** Thumb with Hand Fixation “Natural”
- 88A1=F** Finger with Hand Fixation “Natural”
- 88A2=M-HF** Finger with Hand Fixation “Basic”
- 88A1=PRF** Trial Finger with Ring Fixation
- 88A1=RF** Finger with Ring Fixation “Natural”

Please provide:

- Photos of affected and contralateral sides
- Cast of affected and contralateral sides*

Weight: _____

*Cast proximal to MCP for fingers

*Cast proximal to styloid for hands or hand fixations.

Comments: _____

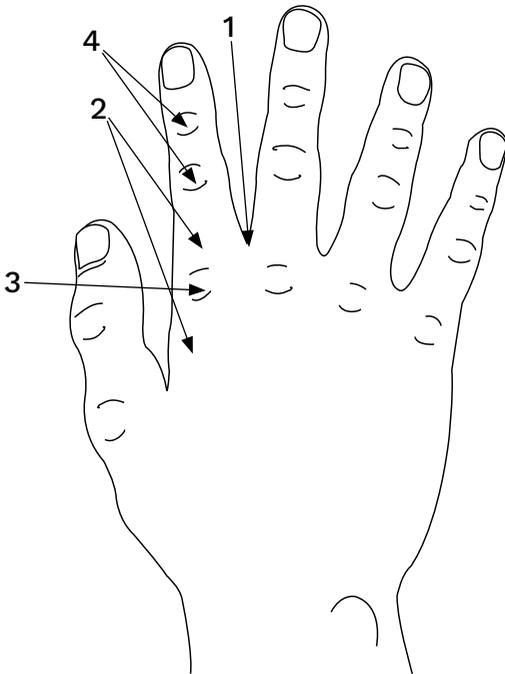
Silicone partial finger/hand prosthesis.

Colour determination spec sheet.

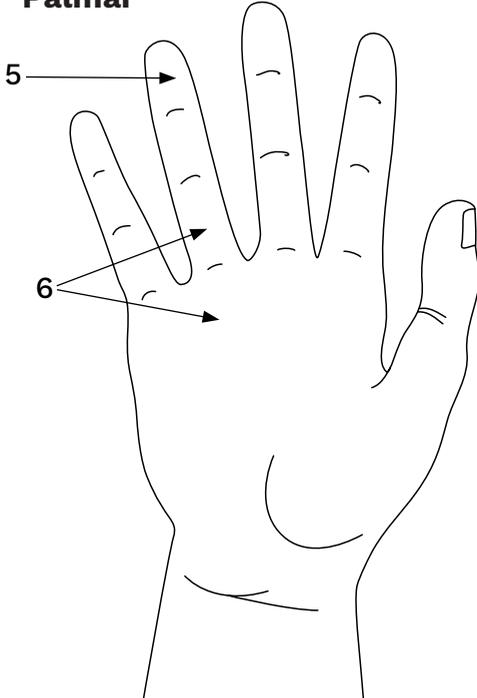
Patient ID Customer No. Date

Comments:

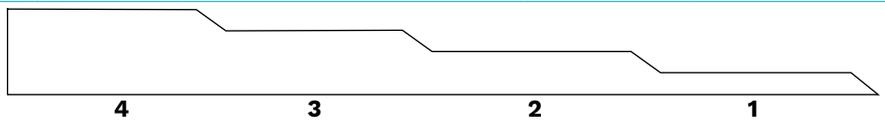
Dorsal



Palmar



Colour swatch - Colour grade



Area	Swatch #	Grade #	Additional Comments
Dorsal			
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



Nail Swatch Ring

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

