



POINT DESIGNS DIAGNOSTIC CHECKLIST

JOB#: _____

**View fabrication
customization options**



**Schedule a virtual
alignment consult**



**Definitive fabrication
intake form**



To begin definitive fabrication, please ship the following back to our Clinical Services fabrication lab:

- Well-fitting diagnostic socket with verified alignment
- All additional device and fabrication components
- This form in addition to the definitive fabrication intake form

Point Designs Clinical Services: 596 W 750 S, Suite 110, Bountiful, UT 84010

PROJECT INFORMATION

Project Identifier / PO# / Order#: _____

CHECKLIST

*** THIS DOCUMENT NEEDS TO BE COMPLETED AND RETURNED WITH THE
DIAGNOSTIC DEVICE BEFORE DEFINITIVE FABRICATION CAN BEGIN ***

Point Designs offers a free clinical consult to ensure the best fit and function

Yes ☐

No ☐

I participated in a virtual alignment consultation with a clinical
specialist at Point Designs



Schedule a virtual
alignment consult

INITIAL TO
CONFIRM

REQUIREMENTS

- | | |
|-------|---|
| _____ | I confirmed, marked, or cut all trimlines on the diagnostic silicone |
| _____ | I confirmed, marked, or cut all trimlines on the diagnostic frame |
| _____ | I confirmed the fit of the diagnostic silicone and frame |
| _____ | I confirmed adequate suspension of the diagnostic silicone and frame |
| _____ | I aligned and mounted the digits to the diagnostic frame |
| _____ | I confirmed the patient can perform their desired grasps |
| _____ | I selected definitive preferences using the definitive fabrication intake form |
| _____ | I noted any changes needed in the requirements above |
| _____ | My patient can perform their functional tasks and goals using the aligned dx prosthesis |

SIGN BELOW TO AUTHORIZE DEFINITIVE FABRICATION

I certify I am aware that untested changes to the diagnostic socket may lead to improper fit and additional fabrication costs. I acknowledge that I have been offered a free clinical consultation during the diagnostic fitting phase. If I choose not to participate, I understand that I will be responsible for any additional costs associated with remakes of the prosthesis.

Signature: _____

Date: _____