



POINT DESIGNS DIAGNOSTIC INTAKE FORM

DATE: _____

PROJECT INFORMATION

Clinic Name

Phone Number

Clinician Name

Email

Shipping Address

PO#

If you do not have a PO#:

- ☐ Case is in authorization.
- ☐ I need help with part numbers and/or digit sizing.
(Record measurements below and send pictures of hand next to ruler to fab@pointdesigns.com)
- ☐ PO is pending.

***We cannot proceed with fabrication until a PO has been received.**

PATIENT INFORMATION

Patient Identifier

Age

Goals and tasks for the prosthesis:

Date of Amputation

Occupation

Affected Hand

☐ L ☐ R

Dominant Hand

☐ L ☐ R

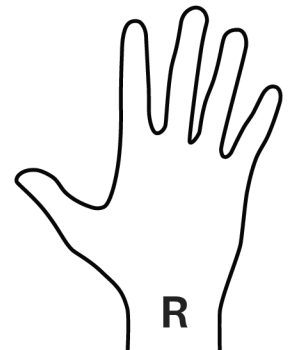
Please provide measurements (mm).
Center of MCP to end of finger.

L

R

- | | | |
|-------------|-------|-------|
| 1. (Thumb) | _____ | _____ |
| 2. (Index) | _____ | _____ |
| 3. (Middle) | _____ | _____ |
| 4. (Ring) | _____ | _____ |
| 5. (Little) | _____ | _____ |

Circle digits being fabricated by Point Designs:



Notes about the socket design, hot spots, suspension, etc.:

Bilateral?

☐ Yes ☐ No

Heavy user?

☐ Yes ☐ No

Non-Point Digits?

☐ Yes ☐ No

Please return this form with the impression to
our Clinical Services fabrication lab:

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

HAVE QUESTIONS? EMAIL US AT FAB@POINTDESIGNS.COM

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