

point designs diagnostic intake form

1 Use silicone impression material to take an impression of the affected side only, about 1.5" proximal to the wrist.

2 After completing this form, please mail impression and a copy of this form to our fabrication lab at:

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

project information

Date:

Clinic Name

Phone Number

Clinician Name

Email

Shipping Address

PO #

If you do not have a PO # (select which applies):

Case is pending authorization

I need help with part numbers and/or digit sizing. (Record measurements below and send pictures of hands next to ruler to fab@pointdesigns.com)

PO is pending

patient information

Patient Identifier

Age

Goals and tasks for the prosthesis:

Date of Amputation

Occupation

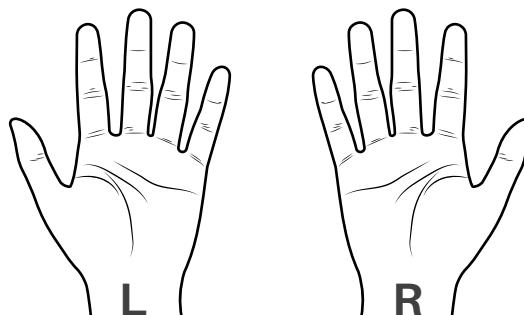
Affected Hand

L R

Dominant Hand

L R

Circle digits being fabricated by Point Designs:



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

	L	R
1. Thumb	_____	_____
2. Index	_____	_____
3. Middle	_____	_____
4. Ring	_____	_____
5. Little	_____	_____

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

Bilateral?

Yes No

Heavy User?

Yes No

Non-Point Digits?

Yes No