

# Silicone partial finger/hand prosthesis.

## 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>					

**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\*
- \*Cast proximal to MCP for fingers
- \*Cast proximal to styloid for hands or hand fixations.

Weight: \_\_\_\_\_

**Comments:** \_\_\_\_\_

Scan the QR code for Casting Instructions.



Or visit the link here.

<https://shop.ottobock.ca/Fabrication-Order-Forms>

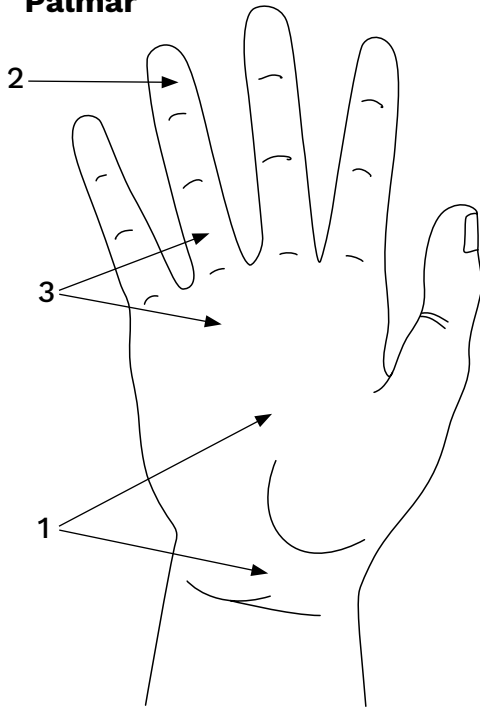
# Silicone partial finger/hand prosthesis.

## Colour determination spec sheet.

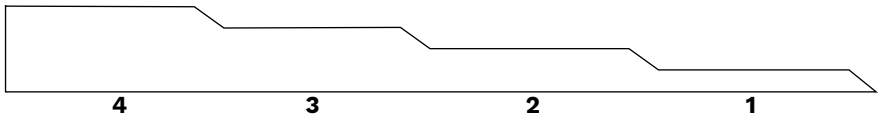
Patient ID  Customer No.  Date

Comments:

### Palmar

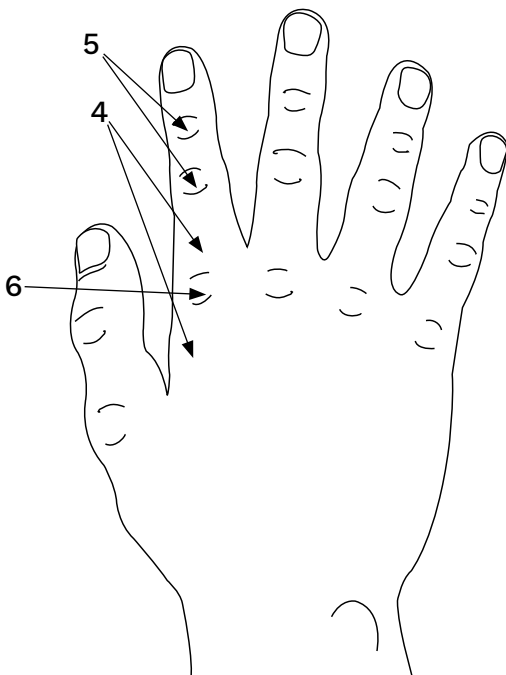


### Colour swatch - Colour grade



Area	Swatch #	Grade #	Additional Comments
<b>Palmar</b>			
1	Base	3 4	
2	Fingertip		
3	Palmar		
<b>Dorsal</b>			
4	Tan		
5	MCP		
6	PIP/DIP		
Vein*	Green	Blue	Other: _____ *Draw vein location
Freckles	Yes	No	
Hair**	Yes	No	**Draw hair orientation

### Dorsal



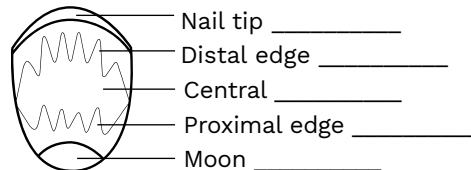
### Nails

Shape + length determined by cast  
 Acrylic      Silicone

### Nail Swatch Ring

Nail sample as colour reference only      Nail swatch ring\*

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



### Tip Length

