

CUSTOM SILICONE – HAND PROSTHESIS ORDER FORM

— For Clinical Use Only —

Bill To:

Company Name: _____

Address: _____

City: _____

State/Prov: _____

Phone: _____

Fax: _____

US Tax ID # (for custom purposes): _____

Otto Bock Account Number: _____

Contact: _____

Email: _____

Date: _____

Ship To:

Company Name: _____

Address: _____

City: _____

State/Prov: _____

Phone: _____

Fax: _____

Purchase Order #: _____

Client Name/ID: _____

Affected Side: Left Right

NOTE:

- A standard **TRIAL finger/hand** will have a 35 shore silicone socket with Pastasil to complete the finger/hand. Use this stage to adjust the fit of the socket, length, shape and angle of the finger/hand.
- A standard **FINAL finger/hand** will include acrylic nails, wire armature (if space allows) and custom colours.

FINGER(S) – INDIVIDUAL SUSPENSION

– please select appropriate option (all options involve a trial stage 88A1=P* unless otherwise noted or requested)

<input type="checkbox"/>	88A1=D	Thumb
<input type="checkbox"/>	88A1	One Finger
<input type="checkbox"/>	88A1=2	Two Fingers
<input type="checkbox"/>	88A1=3	Three Fingers
<input type="checkbox"/>	88A1=4	Four Fingers
<input type="checkbox"/>	88A1=5	Five Fingers

FINGER(S) – with FIXATION

– please select appropriate option (all options involve a trial stage 88A* unless otherwise noted or requested)

<input type="checkbox"/>	88A1=RF	Finger(s) with Ring Fixation (1-2 fingers with a band on adjacent finger)
<input type="checkbox"/>	88A1=F	Finger(s) with Hand Fixation (1-2 fingers)
<input type="checkbox"/>	88A2=D	Thumb with Hand Fixation

HAND

– please select appropriate option (all options involve a trial stage 88A2=P unless otherwise noted or requested)

<input type="checkbox"/>	88A2	Hand (3-5 fingers)
<input type="checkbox"/>	88A10	Hand over Innerhand to Elbow (glove over a completed prosthesis) – Approval of the hand shape will be required prior to final fabrication

ADDITIONAL REQUESTS: