

Patient Intake Form

Videos, photographs, and forms should only be submitted to Össur using a transmission method that is data protection compliant. Please contact our customer service (customer@ossur.co.nz) if you do not have data transfer access with us.

Please fill out the entire form so we can take all your requirements into account.

Clinic	Clinician name	E-mail	Phone
Shipping address		City	Postcode
Patient name		Sizing date	
Patient date of birth		Date of final surgical procedure	
Patient gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Diverse	Dominant hand <input type="checkbox"/> Right <input type="checkbox"/> Left	Please circle all affected fingers: <input type="checkbox"/> L1 <input type="checkbox"/> L2 <input type="checkbox"/> L3 <input type="checkbox"/> L4 <input type="checkbox"/> L5 <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5	
Patient occupation		Did the injury occur at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Cause of finger absence?

- ☐ Trauma – please explain cause:
☐ Sepsis ☐ Dysvascular ☐ Cancer ☐ Congenital Other:

Did the patient change or lose job due to amputation?

- ☐ Yes ☐ No

Is the patient experiencing any of the following?

- ☐ Edema ☐ Limited joint flexion ☐ Other concern that might affect function (Please explain):
☐ Hyper-sensitivity ☐ Limited joint extension
☐ Weakness ☐ Volume fluctuation

Does the patient have access to hand therapy (HT) or occupational therapy (OT)?

- ☐ Yes ☐ No If yes, please provide therapist contact information:

Has the patient tried any other prosthetic intervention?

- ☐ Yes ☐ No If yes, please specify :

PATIENT GOALS – Please list the top 5 manual tasks the devices(s) will assist with (i.e., typing, cutting food, hammering, etc.).

1. _____ 4. _____
2. _____ 5. _____
3. _____

Additional notes _____

Application Checklist (initial when complete)

- ☐ Intake form ☐ ROM video ☐ QuickDASH Outcome Measure: (Score: _____)
☐ Photo A ☐ Device Sizing Form ☐ Hand Scan (optional)
☐ Photo B ☐ Positive Hand Mold (N/A for PIPDriver and GripLock Finger)

The above information is true to the best of my knowledge. I understand that this data will be used to design a fully custom device. By signing the form, I am accepting responsibility for the information herein.

In this context, I expressly agree to the processing of personal data, measurement forms, and media by Össur to the extent required for the purpose of testing, ordering, and supplying Naked Prosthetics products. Processing by Össur shall be in compliance with data protection requirements according to the applicable general legal provisions. I am aware that this declaration can be revoked at any time by notifying Össur's Data Protection Officer (dpo@ossur.com).

Clinician signature _____ Date _____

I. VIDEOS + PHOTOS

Photos and videos are required in customising the device(s) for the patient. Photos and videos must be at least 300 dpi* and show unobstructed viewpoint for each impaired digit.

PHOTOS

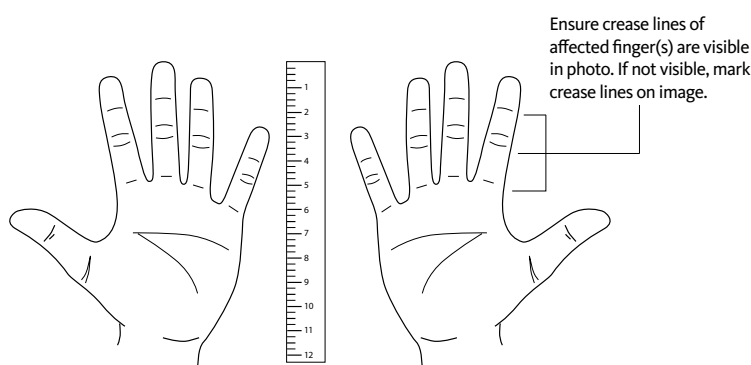
Please ensure hand detail (i.e., palmar creases) and ruler hash marks / numbers are highly visible in each photo.

- Orthogonal photo with ruler – fingers extended, palmar view
- Orthogonal photo with ruler – fingers extended, dorsal view

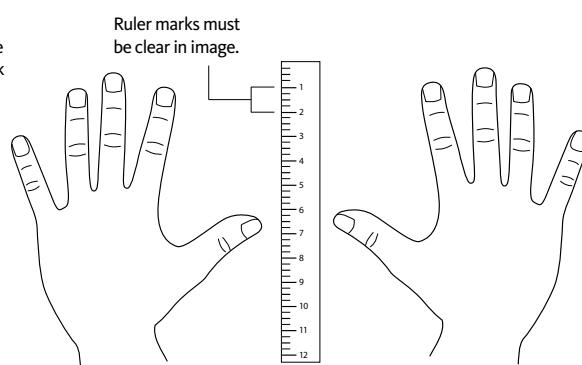
VIDEOS

Required videos must include affected digit(s):

- Full flexion and extension – palmar view
- Full flexion and extension – sagittal view



REQUIRED PHOTO A
(must show both hands)



REQUIRED PHOTO B
(must show both hands)

It is critical that both hands are positioned as flat as possible against a flat surface and that the photos are taken directly above (perpendicular to) the hands and approximately two feet (~60cm) away to avoid any possible distortion of the photos.

Failure to capture images according to Naked Prosthetics standards may require re-submission.

REQUIRED ADDITIONAL PHOTOS OF IMPAIRED DIGIT(S)

- “Down the barrel” view:
 - no sizing rings on
 - proximal sizing ring on in measurement position
 - PIP joint sizing ring on in measurement position (for PIPDriver only)
 - residuum sizing ring on in correct position
- Dorsal view – all size rings in measuring position

Videos, photos, and scanned forms can be submitted to: customercare.au@ossur.com.

If you are unable to send high resolution photos due to size limitations with email, please contact our Customer Care Team.

Patient: _____ Clinician: _____

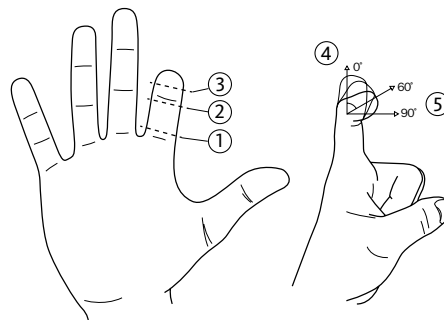
II: SIZE & RANGE OF MOTION (ROM)

Record the following five measurements by filling in each appropriate box below with the corresponding sizing ring number.

Please use only the Naked Prosthetics' sizing kit numbers.

Use this drawing as a reference:

- ① Ring size at the base of the finger, where a ring normally sits
- ② Ring size on the PIP joint (knuckle)
- ③ Ring size ½-way between the base of the finger and the amputation
- ④ Extension (use a goniometer) (hyperextension is a negative value)
- ⑤ Flexion (use a goniometer)



LEFT HAND

- Select an intimate fitting ring size for each measurement
- Oval and round ring sizes are not interchangeable
- For each measurement, indicate whether you used a round or oval ring

	L2 Index finger	L3 Middle finger	L4 Ring finger	L5 Little finger
① Proximal finger base	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round
② PIP knuckle	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round
③ Mid 2nd phalanx	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round
④ PIP joint extension				
⑤ PIP joint flexion				

RIGHT HAND

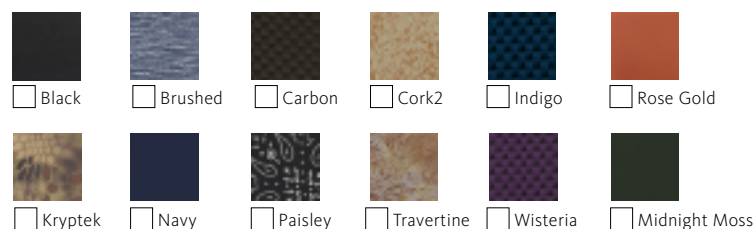
- Select an intimate fitting ring size for each measurement
- Oval and round ring sizes are not interchangeable
- For each measurement, indicate whether you used a round or oval ring

	R2 Index finger	R3 Middle finger	R4 Ring finger	R5 Little finger
① Proximal finger base	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round
② PIP knuckle	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round
③ Mid 2nd phalanx	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round
④ PIP joint extension				
⑤ PIP joint flexion				

III. STYLE

COLOUR (please mark selection)

For visual help, please visit npdevices.com or use the demo kit.

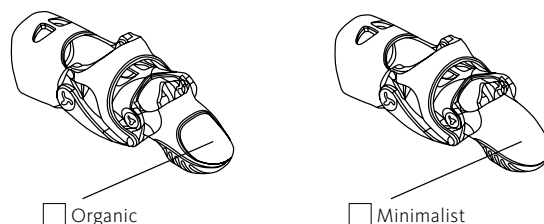


IV. GUARANTEE

- ☐ Warranty extension by 1 year
☐ Warranty extension by 2 years

☐ Touch screen conductivity

NAIL STYLE (please select)



Patient: _____ Clinician: _____

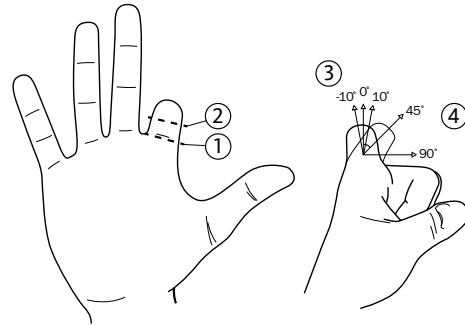
II: SIZE & RANGE OF MOTION (ROM)

Record the following five measurements by filling in each appropriate box below with the corresponding sizing ring number.

Please use only the Naked Prosthetics' sizing kit numbers.

Use this drawing as a reference:

- ① Ring size at the base of the finger, where a ring normally sits
- ② Ring size ½-way between the base of the finger and the amputation
- ③ Extension (use a goniometer) (hyperextension is a negative value)
- ④ Flexion (use a goniometer)



LEFT HAND

- Select an intimate fitting ring size for each measurement
- Oval and round ring sizes are not interchangeable
- For each measurement, indicate whether you used a round or oval ring

	L1 Thumb	L2 Index finger	L3 Middle finger	L4 Ring finger	L5 Little finger
① Proximal finger base	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round
② Mid 1st phalanx	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round
③ MCP joint extension					
④ MCP joint flexion					

RIGHT HAND





- Select an intimate fitting ring size for each measurement
- Oval and round ring sizes are not interchangeable
- For each measurement, indicate whether you used a round or oval ring

	R1 Thumb	R2 Index finger	R3 Middle finger	R4 Ring finger	R5 Little finger
① Proximal finger base	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round
② Mid 1st phalanx	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round	<input type="checkbox"/> Oval <input type="checkbox"/> Round
③ MCP joint extension					
④ MCP joint flexion					

☐ Touch screen conductivity

III. COLOUR (please mark selection)

 For visual help, please visit npdevices.com or use the demo kit.

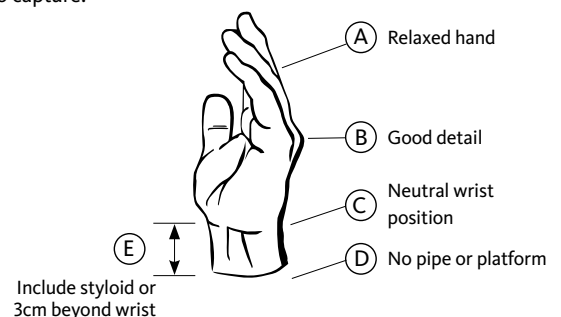
					
<input type="checkbox"/> Black	<input type="checkbox"/> Brushed	<input type="checkbox"/> Carbon	<input type="checkbox"/> Cork2	<input type="checkbox"/> Indigo	<input type="checkbox"/> Rose Gold
					
<input type="checkbox"/> Kryptek	<input type="checkbox"/> Navy	<input type="checkbox"/> Paisley	<input type="checkbox"/> Travertine	<input type="checkbox"/> Wisteria	<input type="checkbox"/> Midnight Moss

IV. GUARANTEE

- ☐ Warranty extension by 1 year
- ☐ Warranty extension by 2 years

IV. Positive cast of the hand (preferable in dental stone)

Be sure to capture:



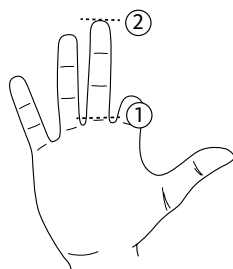
GripLock Finger



Patient: _____ Clinician: _____

II. SIZE & RANGE OF MOTION (ROM)

To estimate appropriate GripLock Finger length, measure the distance from the palmar digital crease (1) to the distal end of the fingertip (2) on each corresponding intact finger. Use the following table to record your measurements:



Intact Finger Measurement

Intact Digit	Index finger	Middle finger	Ring finger	Little finger
Length (mm)	mm	mm	mm	mm

GripLock Finger Size

Use your measured lengths above to select the most appropriate GripLock Finger size for each digit. Be sure to consider any possible added length that may occur as a result of socket build up when deciding on final finger length. For this reason, if between sizes, we recommend that you select the smaller of the two sizes.

Please indicate the number of each digits you would like to order in each corresponding box. For example, if you would like two 65mm-length GripLock Fingers (one for each index finger), note "1" each of the 65mm index boxes, as shown below:

LEFT HAND

Length	Index finger	Middle finger	Ring finger	Little finger
65 mm				
70 mm				
75 mm				
80 mm				
85 mm				
90 mm				

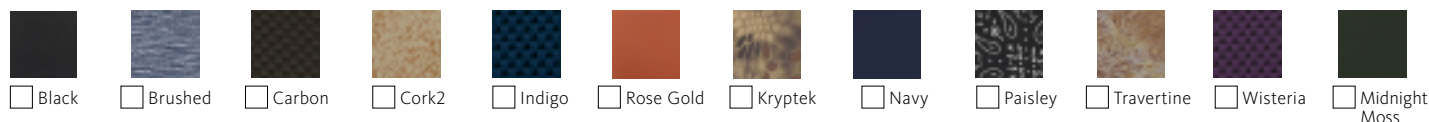
RIGHT HAND

Length	Index finger	Middle finger	Ring finger	Little finger
65 mm				
70 mm				
75 mm				
80 mm				
85 mm				
90 mm				

☐ Touch screen conductivity

III. STYLE

COLOUR (please mark selection) For visual help, please visit npdevices.com or use the demo kit.



IV. ALIGNMENT JIG

☐ Please check this box if you want to order an additional alignment jig with this purchase.
Notice: your first order of a GripLock Finger from Naked Prosthetics will include one alignment jig

☐ Lamination Backplate
Notice: Required for orders that include a MCPDriver.

IV. GUARANTEE

- ☐ Warranty extension by 1 year
☐ Warranty extension by 2 years



Further information: 0800 369 524 | customer@ossur.co.nz or visit www.ossur.co.nz
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