

Patient Intake Form

Return via mail, fax, or email to ossursa@ossur.com.

This form must be filled out completely to receive approval for design and manufacturing.

Clinic: _____	Clinician name: _____	Email: _____	Phone: _____
Shipping address (or PO Box): Össur South Africa		City, state: Kraaifontein	Zip code: 7550
Patient identifier*: _____		Ring sizing date: _____	
Patient date of birth: _____		Final surgical procedure date: _____	
Patient gender: Male Female Other	Dominant hand: Right Left	Please circle all affected fingers: L1 L2 L3 L4 L5 R1 R2 R3 R4 R5	
Patient occupation: _____		Did the injury occur at work? Yes No	
Please explain cause of partial-hand limb difference? Trauma: _____ 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 Hyper-sensitivity Limited joint extension (explain): _____ Weakness Volume fluctuation			
Does the patient have access to hand therapy 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: _____ _____ _____			

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).

*Please make sure to use coded patient identifier, not patient name.

Clinician signature: _____ Date: _____

Contact Customer Experience for an upload link for your videos, photos, and scanned form: ossursa@ossur.com.

PIPDriver®, MCPDriver®, ThumbDriver®, and GripLock Finger® | Media Guidelines

VIDEOS + PHOTOS

Photos and videos are required in customizing the device(s) for the patient. Photos and videos must be **400kb** and show unobstructed viewpoint for each impaired digit.

PHOTOS

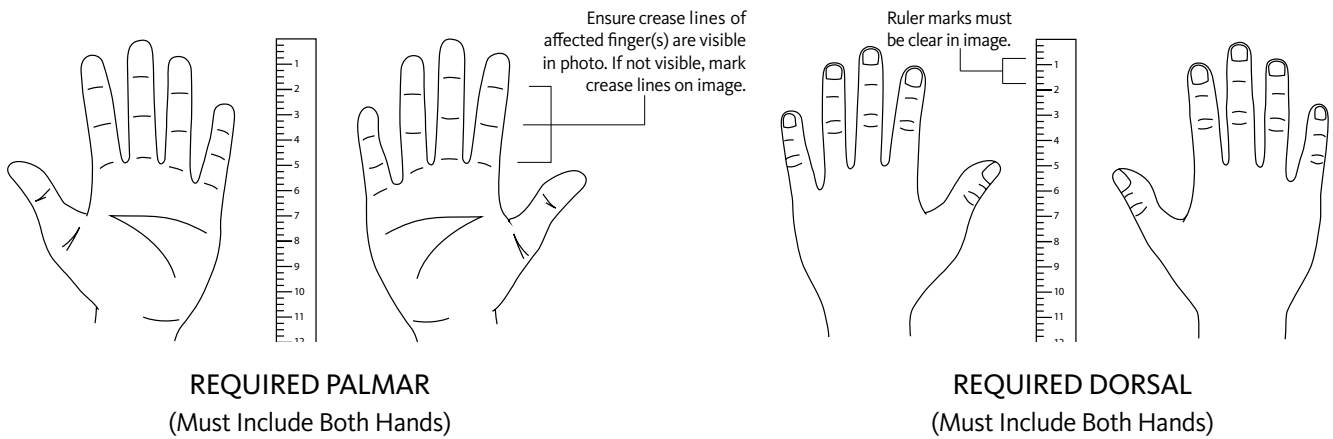
Please ensure hand detail (i.e., palmar creases) and ruler hash marks / numbers are highly visible in each photo.

- 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



It is critical that both hands are positioned **as flat as possible** against a stationary surface, such as a table, 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)

- One down the barrel photo for each required ring sizing measurement
- Dorsal view – all sizing rings on and size visible in measurement position

Application Checklist (initial when complete)

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

**Contact Customer Experience for an upload link for your videos, photos,
and scanned form: ossursa@ossur.com.**

PIPDriver®

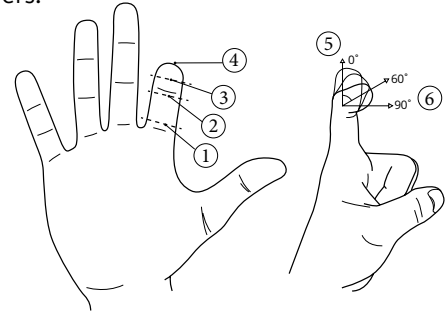
Patient: _____ Clinician: _____

SIZE & ROM

Record the following six measurements by filling in each appropriate box below with the corresponding sizing ring number and ROM measurement. Please use only the Naked Prosthetics' sizing kit numbers.

Use the drawing here for reference:

- ① ring size at base of finger where a ring normally rests
- ② ring size at PIP joint (knuckle)
- ③ base of the 2nd phalanx
- ④ distal 2nd phalanx
- ⑤ PIP joint extension
- ⑥ PIP joint flexion



*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

LEFT HAND

RIGHT HAND

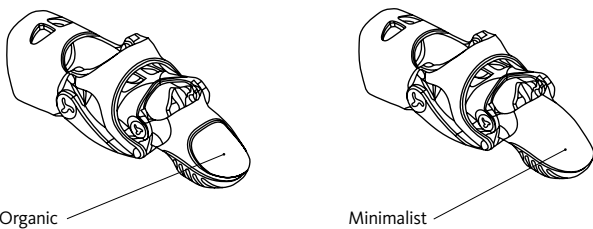
	L2index	L3middle	L4ring	L5little		R2index	R3middle	R4ring	R5little
① proximal base	Oval Round	Oval Round	Oval Round	Oval Round	① proximal base	Oval Round	Oval Round	Oval Round	Oval Round
② PIP joint	Oval Round	Oval Round	Oval Round	Oval Round	② PIP joint	Oval Round	Oval Round	Oval Round	Oval Round
③ base 2nd phalanx	Oval Round	Oval Round	Oval Round	Oval Round	③ base 2nd phalanx	Oval Round	Oval Round	Oval Round	Oval Round
④ distal 2nd phalanx	Oval Round	Oval Round	Oval Round	Oval Round	④ distal 2nd phalanx	Oval Round	Oval Round	Oval Round	Oval Round
⑤ PIP joint extension	_____	_____	_____	_____	⑤ PIP joint extension	_____	_____	_____	_____
⑥ PIP joint flexion	_____	_____	_____	_____	⑥ PIP joint flexion	_____	_____	_____	_____

Capacitive tip - additional charges apply.
 – Please indicate which digits will be ordered as capacitive:

L2index L3middle L4ring L5little
 R2index R3middle R4ring R5little

NAIL STYLE (check box)

Please note: Organic nail is for PIPDriver only.



ADDITIONAL NOTES:

WARRANTY*:
 Warranty extension by 1 year
 Warranty extension by 2 years
 *The warranty must be purchased within 30 days from the shipment of the device(s).

MCPDriver® and ThumbDriver®

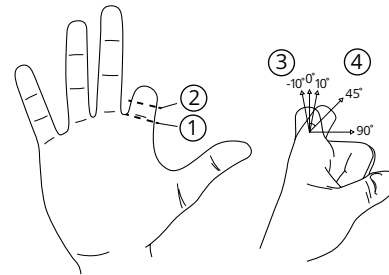
Patient: _____ Clinician: _____

SIZE & ROM

Record the following four measurements by filling in each appropriate box below with the corresponding sizing ring number and ROM measurement. Please use only the Naked Prosthetics' sizing kit numbers.

Use the drawing here for reference:

- ① ring size at base of finger where a ring normally rests
- ② ring size ½-way between the base and end of finger
- ③ MCP joint extension (use a goniometer)
(hyperextension is a negative value)
- ④ MCP joint flexion (use a goniometer)



*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

LEFT HAND

	L1thumb	L2index	L3middle	L4ring	L5little
① proximal base	Oval Round	Oval Round	Oval Round	Oval Round	Oval Round
② mid 1 st phalanx	Oval Round	Oval Round	Oval Round	Oval Round	Oval Round
③ MCP joint extension	_____	_____	_____	_____	_____
④ MCP joint flexion	_____	_____	_____	_____	_____

RIGHT HAND

	R1thumb	R2index	R3middle	R4ring	R5little
① proximal base	Oval Round	Oval Round	Oval Round	Oval Round	Oval Round
② mid 1 st phalanx	Oval Round	Oval Round	Oval Round	Oval Round	Oval Round
③ MCP joint extension	_____	_____	_____	_____	_____
④ MCP joint flexion	_____	_____	_____	_____	_____

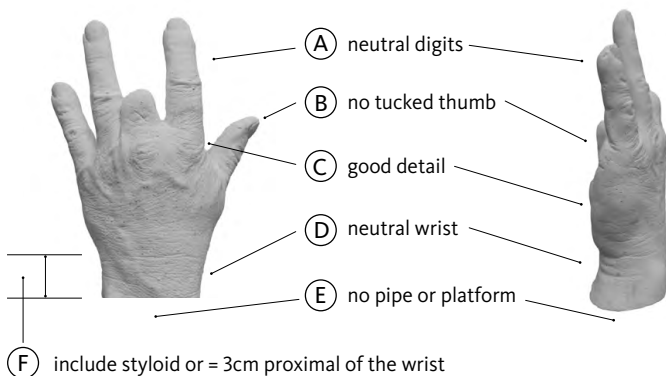
Capacitive tip - additional charges apply.

– Please indicate which digits will be ordered as capacitive:

L1index L2index L3middle L4ring L5little
 R1index R2index R3middle R4ring R5little

POSITIVE HAND MOLD (preferable in dental stone)

Be sure to capture:



Silicone Alginate Casting video

Use your phone camera to access the Naked Prosthetics Silicone and Alginate Casting instructions (PDF) and the casting video.

WARRANTY*:

Warranty extension by 1 year
 Warranty extension by 2 years

*The warranty must be purchased within 30 days from the shipment of the device(s).

GripLock Finger®

Patient: _____ Clinician: _____

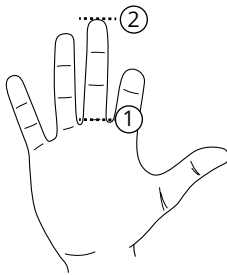
Included with each GripLock Finger purchase:

- GLF toolkit
- Corresponding dummy finger
- Anchor setup for alignment and final lamination

*Additional anchors can be purchased through NP Customer Experience

SIZE & 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	middle	ring	little
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.

Please indicate the number of each digits you would like to order in each corresponding box.

Length	Quantity	Capacitive <small>*additional charges apply</small>
65 mm	_____	_____
70 mm	_____	_____
75 mm	_____	_____
80 mm	_____	_____
85 mm	_____	_____
90 mm	_____	_____

ALIGNMENT JIG

Please check this box if you would like to order an additional alignment jig with this purchase.

Note: your first order of a GripLock Finger from NP will include one alignment jig.

WARRANTY*:

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

*The warranty must be purchased within 30 days from the shipment of the device(s).

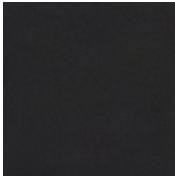


PIPDriver®, MCPDriver®, ThumbDriver®, and GripLock Finger® | Color

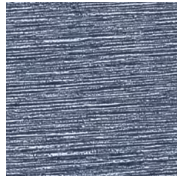
Patient: _____ Clinician: _____

Refer to npdevices.com or demo kit for visual aid.

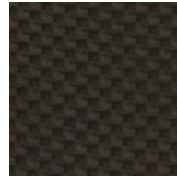
Please check corresponding box:



Black



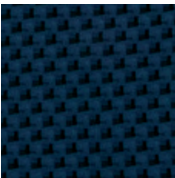
Brushed



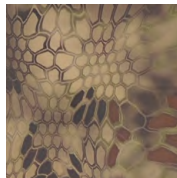
Carbon



Cork2



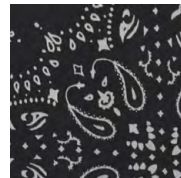
Indigo



Kryptek



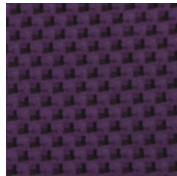
Navy



Paisley



Travertine



Wisteria