

## Patient Intake Form

Return via mail, fax, or email to [indiaorders@ossur.com](mailto:indiaorders@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)		City, state/Province:	Zip code/Postal code:
Patient identifier*:		Ring sizing date:	
Patient date of birth:		Final surgical procedure date:	
Patient gender: Male Female Other		Patient occupation:	
Dominant hand: Right Left		Did the injury occur at work? Yes No	
Mark all affected fingers Left 1 2 3 4 5 Right 1 2 3 4 5		Insurance type:	
Patient email/phone for outcome measures collection only (optional)		Referring physician:	

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 (explain): Hyper-sensitivity Limited joint extension 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 list which: if no, would you like to be connected with a resource? Yes No	

PATIENT GOALS - Please list the top 5 manual tasks the device(s) will assist with (i.e., typing, cutting food, hammering, etc.).	
1. _____	4. _____
2. _____	5. _____
3. _____	

ADDITIONAL NOTES
_____
_____

### Interested in extending our standard (2) year warranty?

EXTENDED WARRANTY: please check this box to indicate you wish to extend our standard warranty by (1) year at an additional cost.

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

The above information is true to the best of my knowledge. I understand that these data will be used to design a customized 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](mailto:dpo@ossur.com)).

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

Clinician signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Customer Service for an upload link for your videos, photos, and scanned form: [indiaorders@ossur.com](mailto:indiaorders@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

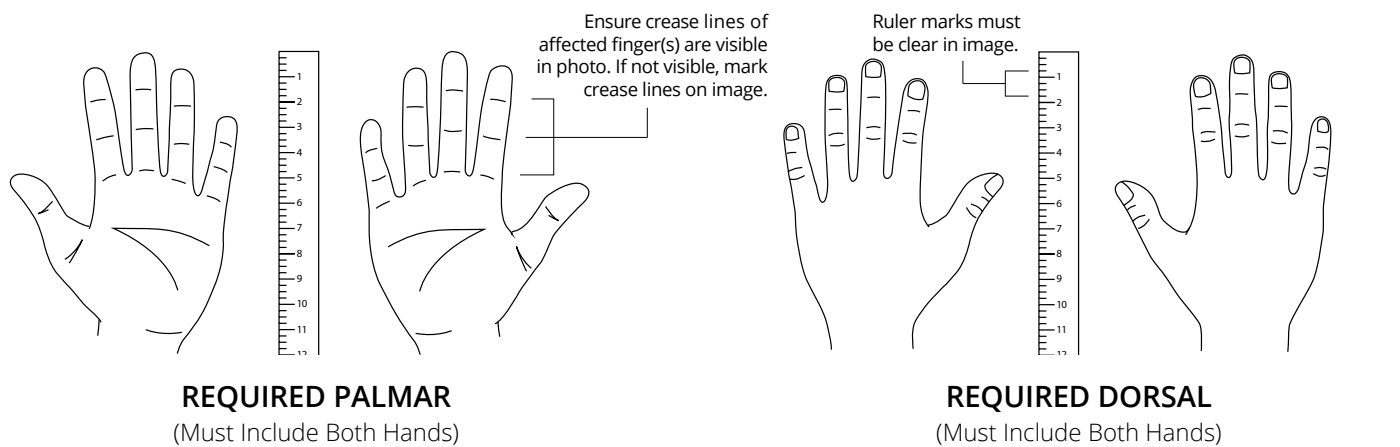
Please ensure hand detail (i.e., palmar creases) and ruler hash marks / numbers are highly visible in each photo.

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

#### ROM 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 (check when complete)

Intake Form  
Picture a  
Picture b  
ROM Videos

Device Sizing Form  
QuickDASH Outcome Measure  
(Score: \_\_\_\_\_)

*MCPDriver and ThumbDriver orders*  
Positive Hand Mold

**Contact Customer Service for an upload link for your videos, photos,  
and scanned form: [indiaorders@ossur.com](mailto:indiaorders@ossur.com)**

## PIPDriver®

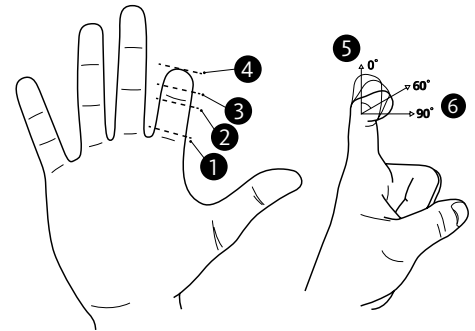
Patient identifier: \_\_\_\_\_ Clinician: \_\_\_\_\_

### 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 (use a goniometer)
- ⑥ PIP 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, **select** if you used a round or oval ring.

#### LEFT HAND

	L2index	L3middle	L4ring	L5pinky
① Proximal base	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
④ Distal 2nd phalanx	Oval Round	Oval Round	Oval Round	Oval Round
⑤ PIP joint extension				
⑥ PIP joint flexion				
Capacitive Tip additional charges apply.				

#### RIGHT HAND

	R2index	R3middle	R4ring	R5pinky
① Proximal base	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
④ Distal 2nd phalanx	Oval Round	Oval Round	Oval Round	Oval Round
⑤ PIP joint extension				
⑥ PIP joint flexion				
Capacitive Tip additional charges apply.				

#### ADDITIONAL NOTES

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## MCPDriver® and ThumbDriver®

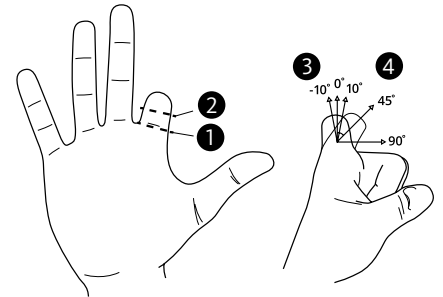
Patient identifier: \_\_\_\_\_ Clinician: \_\_\_\_\_

### 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 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, **select** if you used a round or oval ring.

#### LEFT HAND

	L1thumb	L2index	L3middle	L4ring	L5pinky
① Proximal base	Oval Round	Oval Round	Oval Round	Oval Round	Oval Round
② Mid 1st phalanx	Oval Round	Oval Round	Oval Round	Oval Round	Oval Round
③ MCP joint extension	Oval Round	Oval Round	Oval Round	Oval Round	Oval Round
④ MCP joint flexion					

#### RIGHT HAND

	R1thumb	R2index	R3middle	R4ring	R5pinky
① Proximal base	Oval Round	Oval Round	Oval Round	Oval Round	Oval Round
② Mid 1st phalanx	Oval Round	Oval Round	Oval Round	Oval Round	Oval Round
③ MCP joint extension	Oval Round	Oval Round	Oval Round	Oval Round	Oval Round
④ MCP joint flexion					

Select below for the following to be applied to each digit.  
For shim holes please reference the images here:



Yes, with shim holes



No, without shim holes

Shim Holes**	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No

Shim Holes**	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No

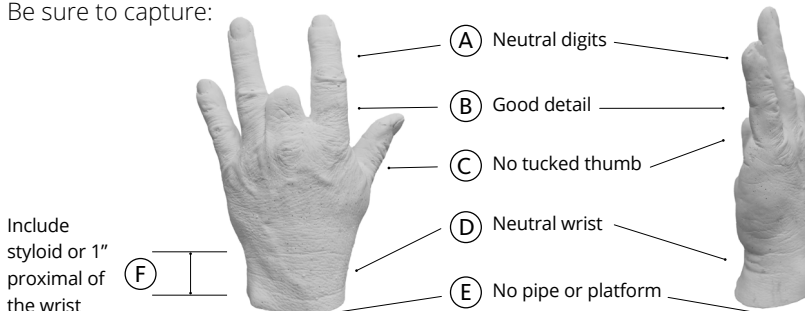
\*\*If not selected, our experienced team will determine the most appropriate option for the presentation.

Capacitive Tip additional charges apply.					
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Capacitive Tip additional charges apply.					
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### POSITIVE HAND MOLD (preferable in dental stone)

Be sure to capture:



Alginate



Silicon



Casting video

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

## PIPDriver®, MCPDriver® and ThumbDriver® | Color, Texture, and Titanium Selection

Refer to npdevices.com or your Customer Service for visual aid.

Patient identifier: \_\_\_\_\_ Clinician: \_\_\_\_\_

### STEP 1: Device Color Selection



Raven



Slate



Deep Sea



Merlot



Forest



Dark Plum



Marina



Glacier



Shamrock

### STEP 2: Titanium Fastener Applications



Silver



Brass



Sky



Cobalt



Jade



Blush

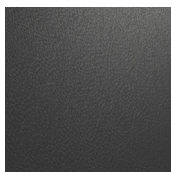


Indigo

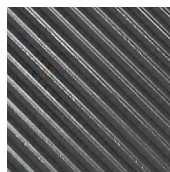


Emerald

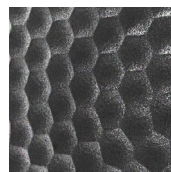
### STEP 3: Texture Selection



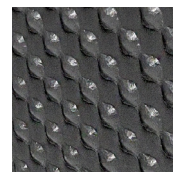
Natural



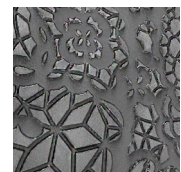
Corduroy



Pebble



Dots



Bloom\*\*

\*\* Not available  
for PIPDriver

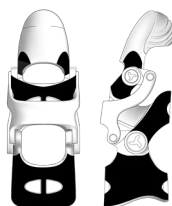
### REFERENCE: Texture and Titanium Fastener Applications

Please review the following simplified images to see where all textures and titanium fastener color options are applicable. All texture locations are shown below in **solid black**.

**Note:** Texture and Titanium Fastener Applications are not available for GripLock Finger (order GLF on next page)

#### PIPDriver

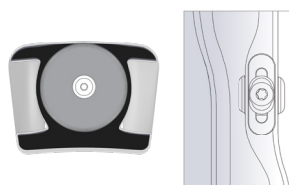
**TEXTURE APPLICATION:**  
natural, corduroy, pebble, dots



**Ti FASTENER LOCATIONS:**  
proximal and distal fasteners

#### ThumbDriver

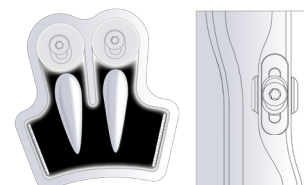
**TEXTURE APPLICATION:**  
natural, corduroy, pebble, dots, bloom



**Ti FASTENER LOCATIONS:**  
anchor plate and linkage

#### MCPDriver

**TEXTURE APPLICATION:**  
natural, corduroy, pebble, dots, bloom



**Ti FASTENER LOCATIONS:**  
backplate and ring fasteners

Please note that due to the manufacturing process, variations in the color, shade, and tone of nylon components and anodized fasteners may occur.

## GripLock Finger®

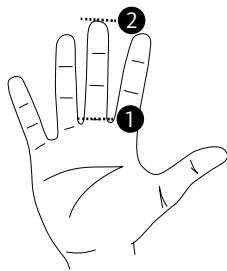
Patient identifier: \_\_\_\_\_ Clinician: \_\_\_\_\_

### Included with each GripLock Finger purchase:

- GLF toolkit
- Corresponding dummy finger
- Anchor setup for alignment and final lamination  
*\*additional anchors can be purchased through Customer Service*

### 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, if possible. Use the following table to record your measurements:



### Intact Finger Measurement

Intact Digit	Index	Middle	Ring	Pinky
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 <i>*additional charges apply</i>
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.

### Color Selection

