

Patient Intake Form

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

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

Practice:	Clinician name:	Email:	Phone:
Shipping address (or PO box)		City, county:	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	
Please circle all affected fingers Left 1 2 3 4 5 Right 1 2 3 4 5		Referring physician:	
Patient email/phone – for use in relation to outcome measures only (<i>optional</i>)			

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? Oedema Limited joint flexion Other concern that might affect function (<i>explain</i>): 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 specify: _____ If no, would you like to be connected with a resource? Yes No	

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

ADDITIONAL NOTES

Interested in extending our standard (2) year warranty?

EXTENDED WARRANTY: Please check this box if you wish to extend our standard warranty by (1) year, subject to an additional cost.

NOTE: *The extended warranty must be purchased within 30 days of 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 customised device. By signing the form, I accept responsibility for the information provided 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 Care 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 to customise the device(s) for the patient. Photos and videos must be **400 kb** and provide an unobstructed view of each impaired digit.

PHOTOS

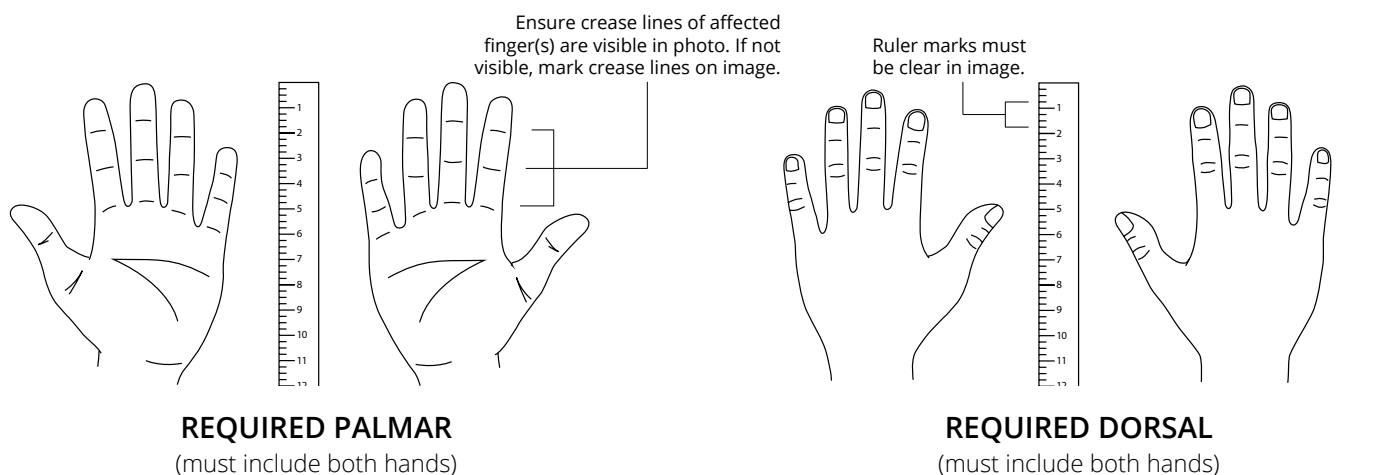
Please ensure hand detail (i.e. palmar creases) and ruler hash marks/numbers are clearly visible in each photo.

- 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 – dorsal 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 from **directly above** (perpendicular to) the hands and approximately **two feet (~60 cm) 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 items off when complete)

Intake form
Picture a
Picture b
ROM videos

Device sizing form
QuickDASH outcome measure
(Score: _____)

MCPDriver and ThumbDriver orders
Positive hand mould

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

PIPDriver®

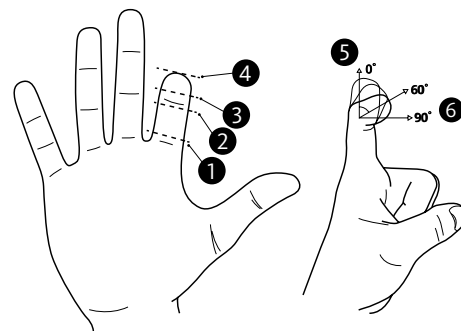
Patient identifier: _____ Clinician: _____

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, **indicate** whether you used a round or oval ring.

LEFT HAND

	L2index	L3middle	L4ring	L5little
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	R5little
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

MCPDriver® and ThumbDriver®

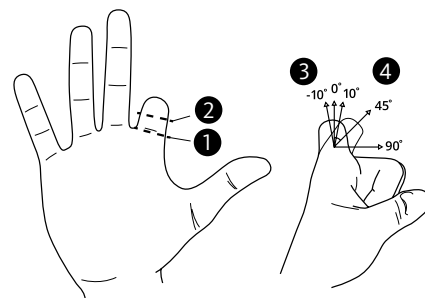
Patient identifier: _____ Clinician: _____

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, **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 1st 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 1st phalanx	Oval Round	Oval Round	Oval Round	Oval Round	Oval Round
③ MCP joint extension					
④ MCP joint flexion					

Select the appropriate box below for each digit.

For guidance on shim holes, please refer to 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

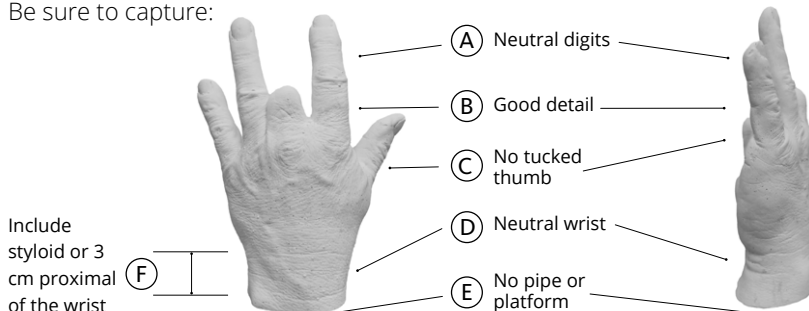
**If no selection is made, our experienced team will determine the most appropriate option for presentation purposes.

Capacitive tip additional charges apply.					
--	--	--	--	--	--

Capacitive tip additional charges apply.					
--	--	--	--	--	--

POSITIVE HAND MOULD (preferably in dental stone)

Be sure to capture:



Alginate



Silicone



Casting Video

Use your phone camera to access the Naked Prosthetics silicone or alginate casting instructions.

PIPDriver®, MCPDriver® and ThumbDriver® | Colour, texture and titanium selection

Please refer to npdevices.com or a demo kit for visual aid.

Patient identifier: _____ Clinician: _____

STEP 1: Select a device colour



Raven



Slate



Deep Sea



Merlot



Forest



Dark Plum



Marina



Glacier



Shamrock

STEP 2: Select a titanium fastener



Silver



Brass



Sky



Cobalt



Jade



Blush

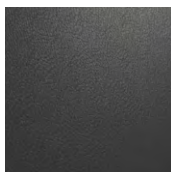


Indigo

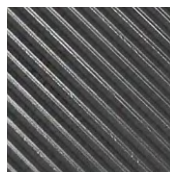


Emerald

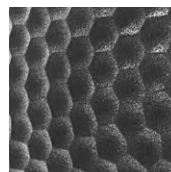
STEP 3: Select a texture



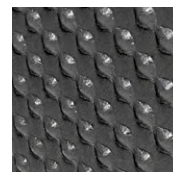
Natural



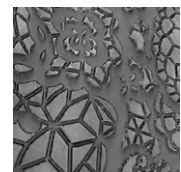
Corduroy



Pebble



Dots



Bloom**

** Not available
for PIPDriver

REFERENCE: Application of texture and titanium fasteners

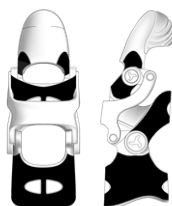
Please refer to the simplified images below to see which textures and colours of titanium fasteners can be applied to different locations. All locations where textures can be applied are shown in **solid black** in the images below.

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

PIPDriver

APPLICABLE TEXTURES:

Natural, Corduroy, Pebble, Dots



Ti FASTENER LOCATIONS:

Proximal and distal fasteners

ThumbDriver

APPLICABLE TEXTURES:

Natural, Corduroy, Pebble, Dots, Bloom



Ti FASTENER LOCATIONS:

Anchor plate and linkage

MCPDriver

APPLICABLE TEXTURES:

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®

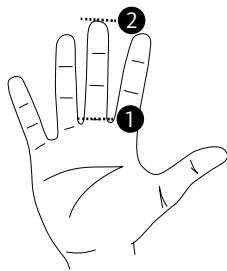
Patient identifier: _____ Clinician: _____

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	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 <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.

Colour selection

