

Mechanical Upper Limb Solutions Order Form

Return via email to anzprosthetics@ossur.com.

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

Customer Information

Clinic / Customer #: _____ Clinician Name: _____

Patient Information

Patient Identifier (please do not include the patient's name):

_____ Sizing Date: _____

Mark all affected fingers:

Left: 1 2 3 4 5 Right: 1 2 3 4 5

Is the patient experiencing any of the following?

<input type="checkbox"/> Edema	<input type="checkbox"/> Limited Joint Flexion	<input type="checkbox"/> Other concern that might affect function (explain): _____ _____
<input type="checkbox"/> Hypersensitivity	<input type="checkbox"/> Limited Joint Extension	
<input type="checkbox"/> Weakness	<input type="checkbox"/> Volume Fluctuation	

Patient Goals

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

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

Additional Notes:

Interested in extending our standard (2) years 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 submitting the form, I am accepting responsibility for the information herein.

Order Intake Checklist

_____ Intake and Device Sizing Form	_____ QuickDASH Outcome Measure (Score: _____)
_____ Picture a - Palmar View	
_____ Picture b - Dorsal View	_____ For MCPDriver and ThumbDriver orders
_____ ROM Videos	(one or both of the following must be submitted):
_____ Ring Sizing Media	_____ Hand Scan _____ Positive Hand Mold

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

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
- One down the barrel photo for each required ring sizing measurement (affected digit)
- Dorsal view of all sizing rings on and size visible in measurement position (affected digit)

Note: 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 Össur standards may require re-submission.

ROM Videos

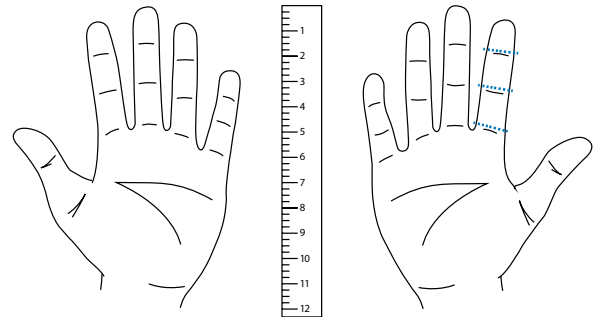
Required videos must include affected digit(s):

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

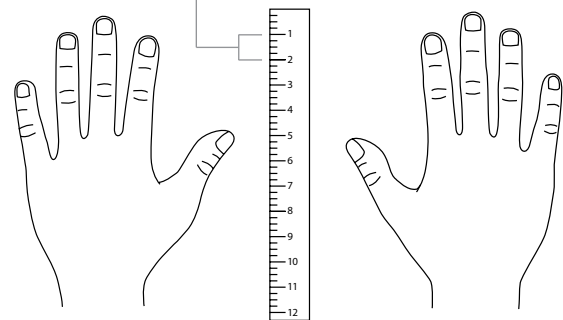
Required Palmar & Dorsal

(Must Include Both Hands)

Ensure crease lines of affected finger(s) are visible in photo. If not visible, mark crease lines on the digit or image.



Ruler marks must be clear in image.



Positive Hand Mold Guide (preferable in dental stone)

Be sure to capture:



include styloid or 1" proximal of the wrist

F

A

neutral digits

B

good detail

C

no tucked thumb

D

neutral wrist

E

no pipe or platform



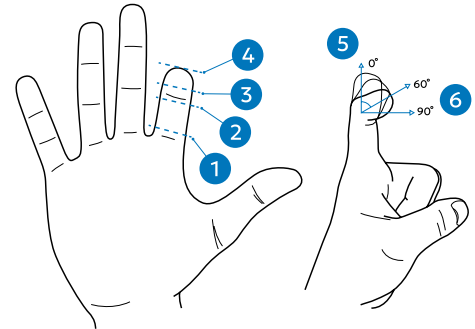
Click or scan the QR code to access casting instructions

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 Össur’s 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

Right 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.	_____	_____	_____	_____

	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.	_____	_____	_____	_____

Color, Fastener & Texture Selection

(Location of texture may vary depending on order. Refer to npdevices.com or demo kit for visual aid.)

1. Device Color:	Raven	Dark Plum	Slate	Glacier	Merlot	Forest	Deep Sea	Shamrock
2. Fastener Color:	Silver	Brass	Sky	Cobalt	Jade	Blush	Indigo	Emerald
3. Texture:	Natural	Pebble	Dots	Corduroy	Bloom			

Customer Notes

Internal Only - Clinical Notes:

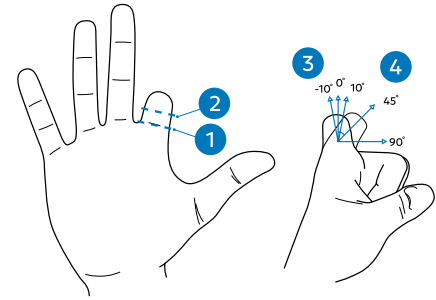
MCPDriver® and ThumbDriver®

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 Össur's sizing kit numbers.

*Use the drawing here for reference:

- ① ring size at base of finger where a ring normally rests
- ② ring size 1/2-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

Right 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	_____	_____	_____	_____	_____
④ MCP joint flexion	_____	_____	_____	_____	_____

	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	_____	_____	_____	_____	_____
④ MCP joint flexion	_____	_____	_____	_____	_____

Select the shim hole option for each individual digit.
Please refer to the images provided here:



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 ***	_____	_____	_____	_____	_____
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Capacitive Tip ***	_____	_____	_____	_____	_____
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***Capacitive Tip - additional charges apply.

Color, Fastener & Texture Selection

(Location of texture may vary depending on order. Refer to npdevices.com or demo kit for visual aid.)

1. Device Color:	Raven	Dark Plum	Slate	Glacier	Merlot	Forest	Deep Sea	Shamrock
2. Fastener Color:	Silver	Brass	Sky	Cobalt	Jade	Blush	Indigo	Emerald
3. Texture:	Natural	Pebble	Dots	Corduroy	Bloom			

Customer Notes

Internal Only - Clinical Notes:

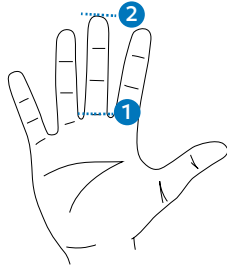
GripLock Finger®

Included with each GripLock Finger purchase:

- GLF toolkit
- anchor setup for alignment and final lamination
- corresponding dummy finger
- *additional anchors can be purchased through Össur Customer Care

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 *additional charges apply
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 will include one alignment jig.

Fabrication

Do you need support or a quote* for fabrication?
*quote supplied by Össur.

Color Selection

