

Mechanical Upper Limb Order Form

Return via email to: ossursa@ossur.com

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

Customer Information:

Practice: _____

Email: _____

Prosthetist Name: _____

Phone: _____

Acc Nr: _____

Patient Information

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

Sizing Date: _____

Mark all affected fingers:

Insurance Type: _____

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

Referring Physician: _____

Is the patient experiencing any of the following?

Edema

Limited Joint Flexion

Other concern that might affect function (explain):

Hypersensitivity

Limited Joint Extension

Weakness

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.

Order Intake Checklist

Intake and Device Sizing Form

Picture a - Palmar View

Picture b - Dorsal View

ROM Videos

Ring Sizing Media - pictures c & d

For MCPDriver and ThumbDriver orders

(one or both of the following must be submitted):

Hand Scan

Positive Hand Mold

PIPDriver®, MCPDriver® and ThumbDriver® | Media Guidelines

Photos and videos are required.

They must be at least 400kb and show unobstructed viewpoint for each impaired digit.

Photos

Please use the intake mat for taking pictures. You can order an intake mat from Össur at no cost.

When taking pictures, ensure hand detail (i.e., palmar creases) and marks / numbers are highly visible in each photo.

The following photos are required:

- Orthogonal photo on intake mat – fingers extended, palmar view
- Orthogonal photo on intake mat – fingers extended, dorsal view
- Palmer view of both hands on intake mat
- Dorsal view of both hands on intake mat

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.

Range of Motion (ROM) Videos

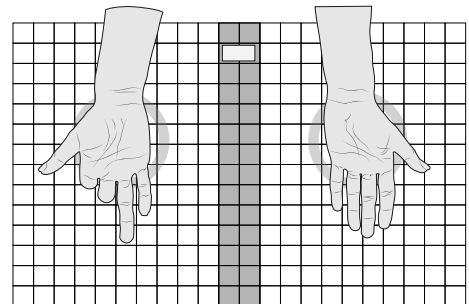
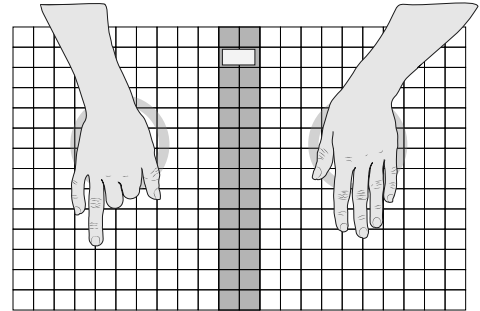
Short 5-10second video with fingers moving slowly through full range of motion:

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

Required Palmar & Dorsal

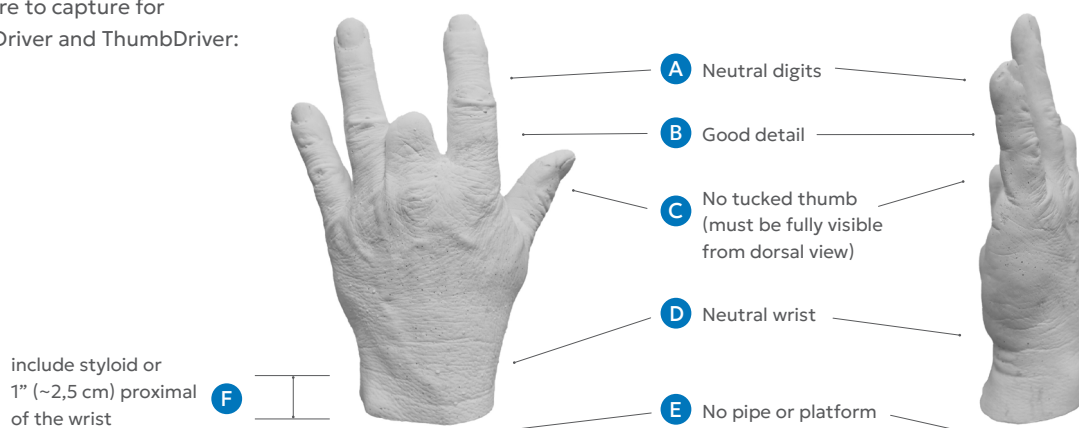
(Must Include Both Hands)

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



Positive Hand Mold Guide (preferable in dental stone)

Be sure to capture for MCPDriver and ThumbDriver:



Casting Instructions:



Silicone



Alginate

Scanning Guidelines:



Ring Sizing Instructions:

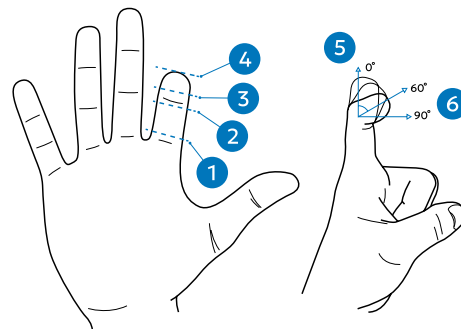


Size & ROM

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 ring size at base of the 2nd phalanx
- ④ ring size at distal 2nd phalanx
- ⑤ PIP joint extension angle (use a goniometer)
- ⑥ PIP joint flexion angle (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)				

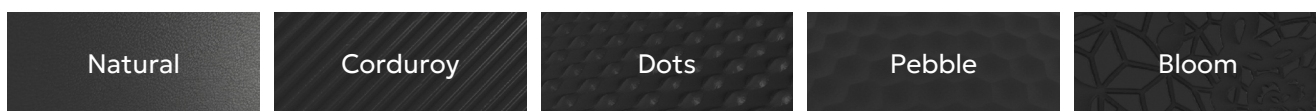
Right Hand

	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)				

Colors



Textures



Fasteners



Customer Notes

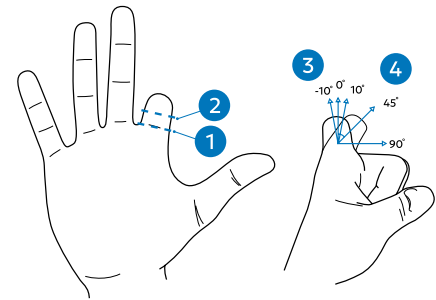
Internal Only - Clinical Notes:

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 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					
④ MCP joint flexion					
Shim Holes	yes no	yes no	yes no	yes no	yes no
Capacitive Tip					

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					
④ MCP joint flexion					
Shim Holes	yes no	yes no	yes no	yes no	yes no
Capacitive Tip					

Colors

Raven	Slate	Deep sea	Merlot	Forest	Dark plum	Glacier	Shamrock
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Textures

Natural	Corduroy	Dots	Pebble	Bloom
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Fasteners

Sky	Cobalt	Brass	Jade	Silver	Blush	Indigo	Emerald
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Customer Notes

Internal Only - Clinical Notes:

GripLock Finger®

Included with each GripLock Finger purchase:

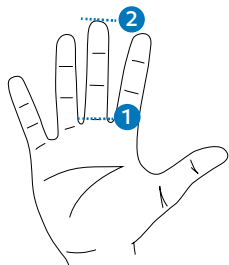
- GLF toolkit
- corresponding dummy finger

- anchor setup for alignment and final lamination

Additional anchors can be purchased through Össur 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 Tip (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 (only relevant for the US)

Do you need support or a quote for fabrication?

Colors

Raven	Slate	Deep sea	Merlot	Forest	Dark plum	Glacier	Shamrock
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General Product Information

Please note that the color of the silicone parts depends on the selected product color as follows:

- For the colors **Slate, Shamrock, Deep Sea, Dark Plum** the silicone parts will be light gray
- For the colors **Forest, Merlot, Glacier, Raven** the silicone parts will be black

Note: all capacitive tips are black silicone