



# Finger Prosthesis

**DATE ORDER SUBMITTED** \_\_\_\_\_ **PO#** \_\_\_\_\_

Ordering Practitioner

Practitioner \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Optional Cell \_\_\_\_\_

Shipping Address	Billing Address (if different than shipping)
_____	_____
_____	_____
_____	_____

Patient Information

Patient Last Name \_\_\_\_\_ Age \_\_\_\_\_

**AMPUTATION LEVEL:**(check all that apply)

LEFT	1 <sup>st</sup> - Thumb	2 <sup>nd</sup> - Index	3 <sup>rd</sup> - Middle	4 <sup>th</sup> - Ring	5 <sup>th</sup> - Little
Through Finger tip					
Through distal phalanx					
Through distal interphalangeal (DIP)					
Through middle phalanx					
Through proximal interphalangeal (PIP)					
Through proximal phalanx					

RIGHT	1 <sup>st</sup> - Thumb	2 <sup>nd</sup> - Index	3 <sup>rd</sup> - Middle	4 <sup>th</sup> - Ring	5 <sup>th</sup> - Little
Through Finger tip					
Through distal phalanx					
Through distal interphalangeal (DIP)					
Through middle phalanx					
Through proximal interphalangeal (PIP)					
Through proximal phalanx					

**PATIENT LAST NAME** \_\_\_\_\_

Ranges of motion with normal limits? Y/N

If 'No', what limitations? \_\_\_\_\_

Hypersensitivity? Y/N

If 'Yes', where? \_\_\_\_\_

Swelling? Y/N      Hand/digit weakness? Y/N      OT/PT? Y/N

**Your Color Swatch Brand:**

\_\_\_ Fillauer    \_\_\_ Steeper    \_\_\_ Ottobock    \_\_\_ Other: \_\_\_\_\_

**Functional Finger Prosthesis**      Color Match: # \_\_\_\_\_

Single color match  
Provides protection, extension, assists with grip, and offers passive function  
Generic shape  
No nail

**High Realism Finger Prosthesis**

Please complete the following chart using the contralateral sound hand:

	Color Swatch # Matching Sound Hand/Finger
Dorsal Base Finger Color	
Plantar Base Finger Color	
Darkest Color in Finger Knuckle	
Finger Nail Bed (when pressing finger down on hard surface)	
Tan on back of hand	

**Photographs**

- Please provide digital photographs of dorsal, palmer, medial, and lateral aspects of both affected and sound sides; as well as close-up photographs of fingernails (without nail polish).
- Photographs taken against a neutral grey background are preferred.
- Video footage capturing finger/hand range of motion is also helpful.

**Impressions**

- Please provide silicone impressions for protection of finger prosthesis, if possible, as silicone records the highest amount of detail. Please positives are also accepted if required.
- Please mark bony prominences or areas of importance with indelible ink.
- Impressions should be taken of both affected and sound sides with patient's hands in a relaxed/neutral pose.
- Please extend impression material proximal to each respective MCP joint.

**Mail to:**      **Functional Restorations, Inc.**  
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Suite 1B-329  
Durham, NC 27705

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