



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 st - Thumb | 2 nd - Index | 3 rd - Middle | 4 th - Ring | 5 th - Little |
|--|-------------------------|-------------------------|--------------------------|------------------------|--------------------------|
| Through Finger tip | | | | | |
| Through distal phalanx | | | | | |
| Through distal interphalangeal (DIP) | | | | | |
| Through middle phalanx | | | | | |
| Through proximal interphalangeal (PIP) | | | | | |
| Through proximal phalanx | | | | | |

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

Measurements

Residuum

Contralateral Finger

Nearest proximal joint (MCP) to PIP: _____ mm

MCP to PIP: _____ mm

MCP to distal end: _____ mm

MCP to DIP: _____ mm

Circumference at base of phalange: _____ mm

MCP to distal end: _____ mm

Circumference mid-phalange: _____ mm

Circumference at distal end: _____ mm

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

Color

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 production of finger prosthesis, if possible, as silicone records the highest amount of detail. Plaster 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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