



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 distal end: _____ mm
 Circumference at base of phalange: _____ mm
 Circumference mid-phalange: _____ mm
 Circumference at distal end: _____ mm

MCP to PIP: _____ mm
 MCP to DIP: _____ mm
 MCP to 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**
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