

Order Form – Left Finger (D1-L)

| | |
|------------------------|--|
| Patient: | |
| Clinician: | |
| Email: | |
| Telephone: | |
| Purchase Order Number: | |
| Company: | |
| Date: | |



Please complete all sections of the form. The silicone device will be manufactured in accordance with the information provided to The Silicone Centre, missing or incorrect information may affect the order lead time and expected outcome.

1. Patient History

Clinical/Medical history:

Peripheral Artery/Vascular Disease: ☐

Diabetic: ☐

Current health and tissue condition:

Previous silicone device:

Medication – antithrombotic, hypertensive, insulin, etc.

Patient ID:

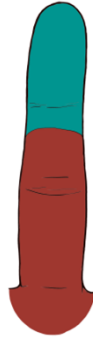
2. Prosthetic Requirements

Level of amputation:

Distal



Mesial



Proximal



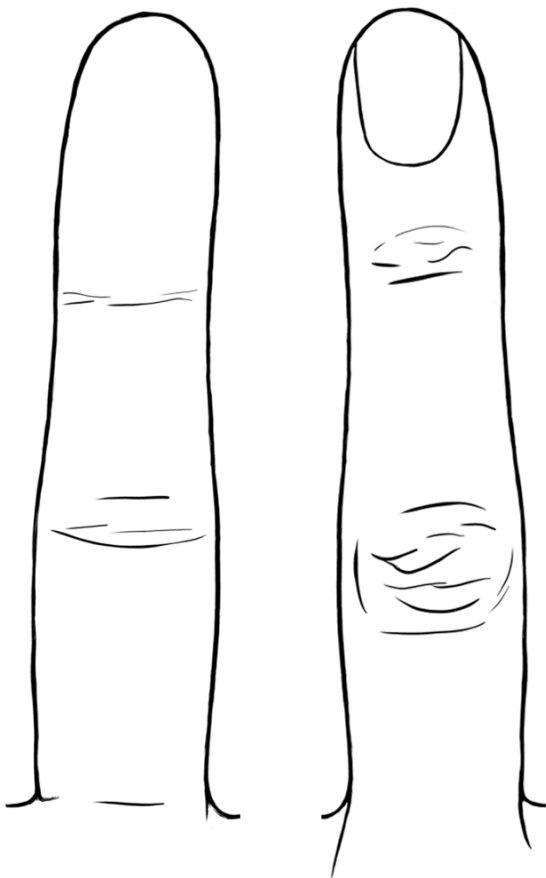
Silicone device type:

Purpose of use:

1 Digit (Thumb): ☐2 Digit: ☐3 Digit: ☐4 Digit: ☐5 Digit: ☐A check socket will be provided and ordered. Please tick this box if a check socket is not required: ☐
INCLUDED AS STANDARD:

- 1.5 to 2 mm thickness of cove
- Tapered Proximal trim

Please mark on the below diagrams the trim lines and any areas of sensitivity, other requirements, etc.



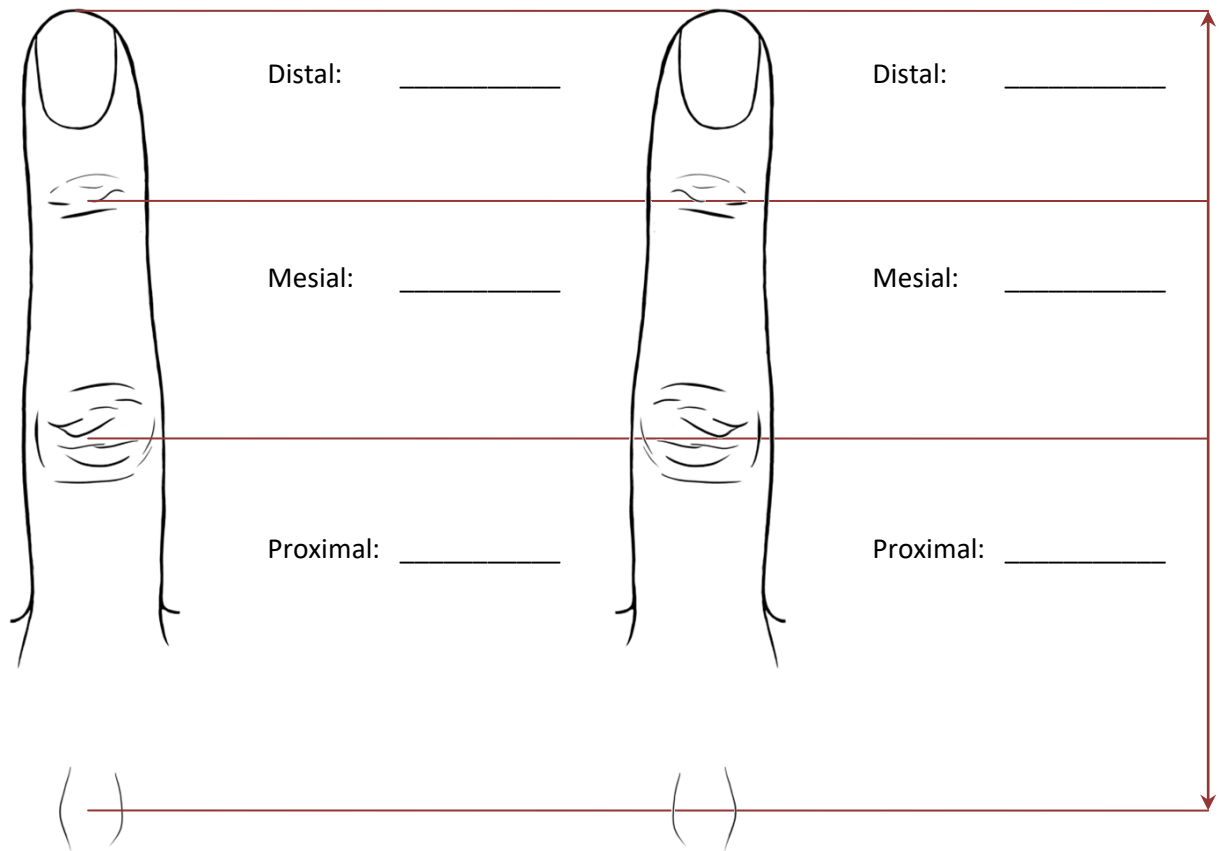
Patient ID:

3. Measurements

Finger Length:

Left (Affected) finger: _____

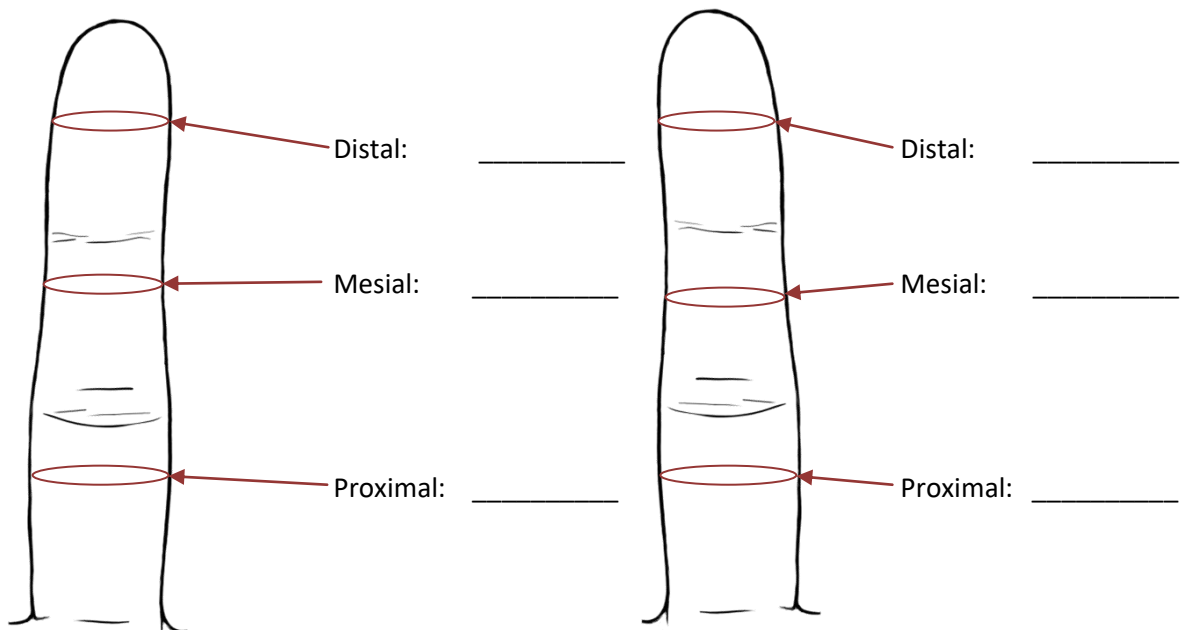
Right (Opposite) Finger: _____



Finger Circumference:

Left (Affected) finger: _____

Right (Opposite) Finger: _____



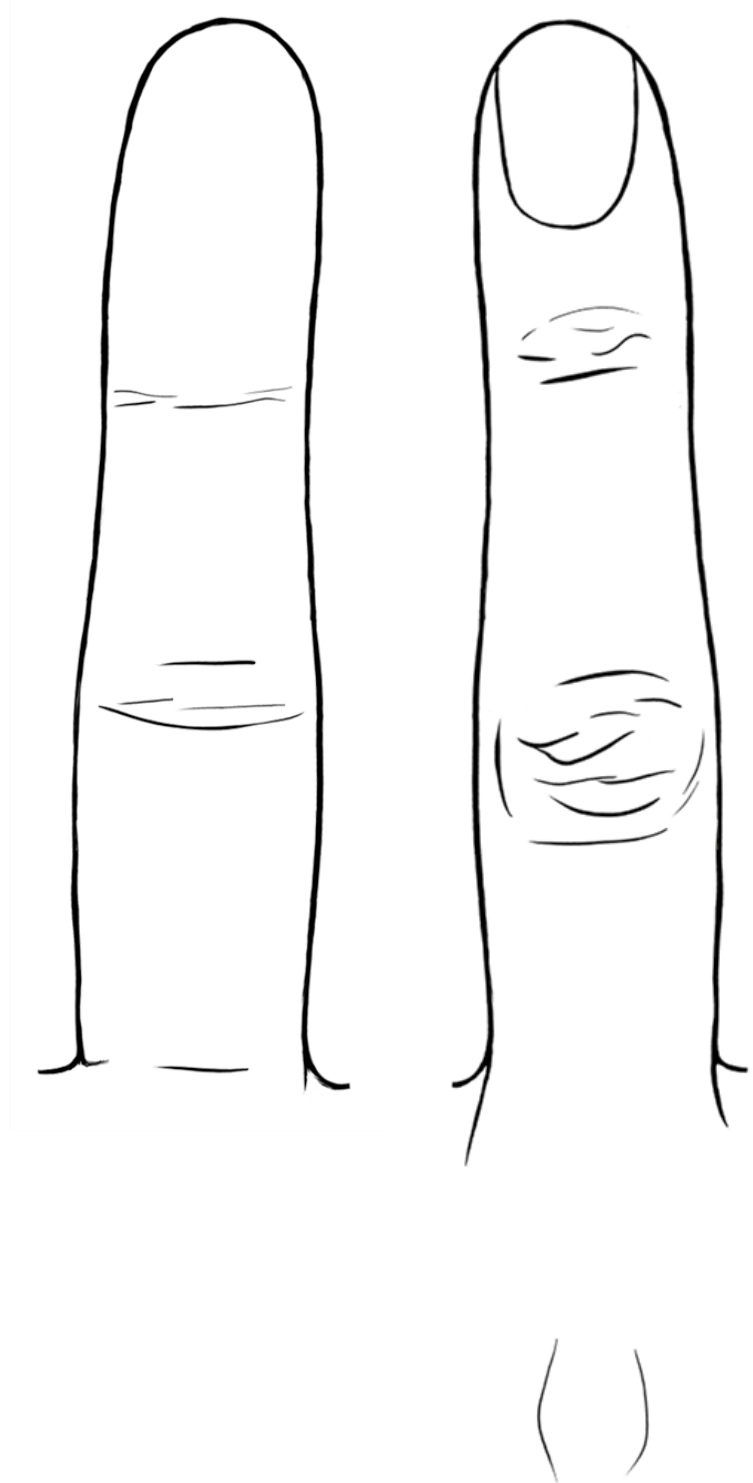
Patient ID:

4. Colour Match

| | | | |
|--------------|-----------------------------------|---------------------------------|-----------------------------------|
| Product Type | Uniform: <input type="checkbox"/> | Toned: <input type="checkbox"/> | Reality: <input type="checkbox"/> |
|--------------|-----------------------------------|---------------------------------|-----------------------------------|

| | |
|-----------------------------------|----------------------|
| Base Colour | |
| Colour Swatch Number | <input type="text"/> |
| Colour Key | <input type="text"/> |
| Secondary Colour | |
| Colour Swatch Number | <input type="text"/> |
| Colour Key | <input type="text"/> |
| Tertiary Colour | |
| Colour Swatch Number | <input type="text"/> |
| Colour Key | <input type="text"/> |
| Additional Colours (Reality Only) | |
| Colour Swatch Number | <input type="text"/> |
| Colour Key | <input type="text"/> |
| Additional Colours (Reality Only) | |
| Colour Swatch Number | <input type="text"/> |
| Colour Key | <input type="text"/> |
| Additional Colours (Reality Only) | |
| Colour Swatch Number | <input type="text"/> |
| Colour Key | <input type="text"/> |
| Additional Colours (Reality Only) | |
| Colour Swatch Number | <input type="text"/> |
| Colour Key | <input type="text"/> |

| | | |
|--|---------------------------------|---------------------------------|
| Veins: | | |
| Raised <input type="checkbox"/> | Flat <input type="checkbox"/> | Spider <input type="checkbox"/> |
| Freckles: | | |
| Light <input type="checkbox"/> | Medium <input type="checkbox"/> | Dark <input type="checkbox"/> |
| Hair (additional cost): <input type="checkbox"/> | | |
| Tattoo (additional cost): <input type="checkbox"/> | | |
| Body Art (additional cost): <input type="checkbox"/> | | |

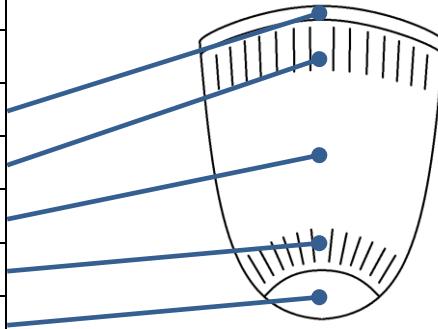


| | |
|-------------|--|
| Patient ID: | |
|-------------|--|

4. Colour Match (continued)

Nail Colour Chart (*Not available in uniform finish)

| | |
|-----------------|--|
| Silicone: | |
| Acrylic*: | |
| Tip: | |
| Upper Nail Bed: | |
| Body: | |
| Lower Nail Bed: | |
| Root/Moon*: | |
| Nail Length: | |
| Tip Length: | |



5 Comments:

Patient ID:

5. Comments (continued)



6. Essential Requirements Checklist

- ☐ Contact Details
- ☐ Patient history
- ☐ Amputation details and prosthetic requirements
- ☐ Dorsum and Palmer marked on cast or check silicone
- ☐ Ring / finger jewellery
- ☐ Cast of both affected and sounds side (or 3D STL file)
- ☐ Trim lines marked on cast or on form
- ☐ Measurements
- ☐ Colour match
- ☐ Photographs