

The Silicone Centre Remote Order Form



For upper limb prosthesis

Date: _____

Company Name: _____

Practitioner: _____

Shipping Address: _____

Contact no: _____

Email: _____

Patient Details

Name: _____ Male/Female _____

D.O.B: _____ Clinic: _____

Partial hand

Above elbow

Single digit(s)

Other: _____

Below elbow

Uniform (Single Colour)

Toned (Three Colour)

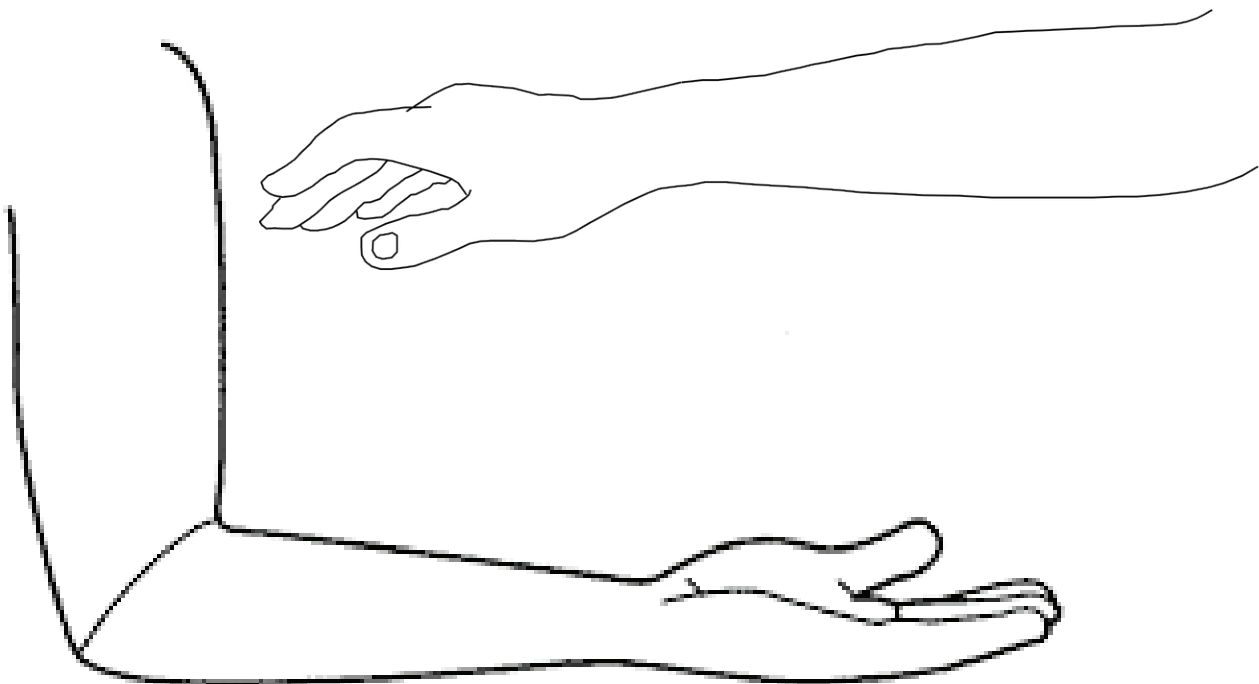
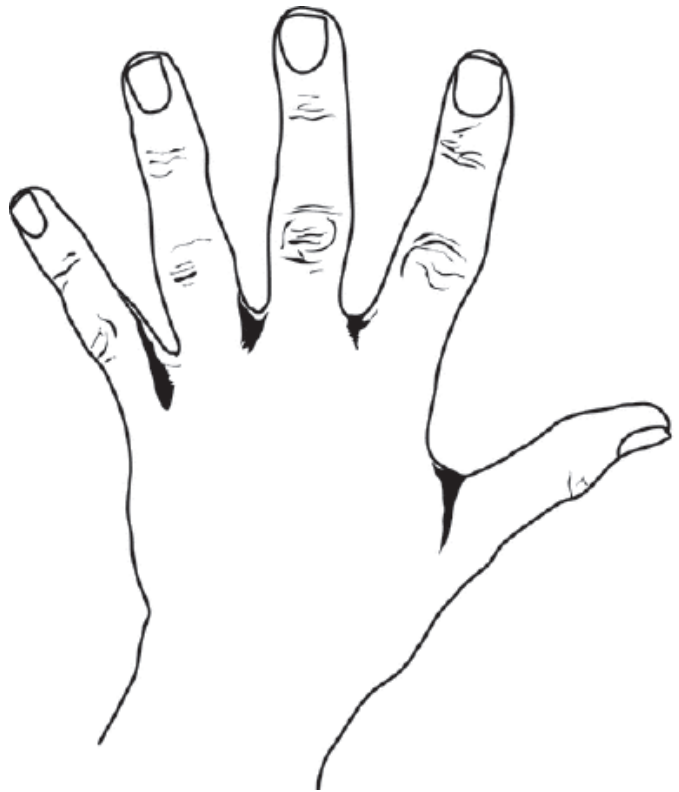
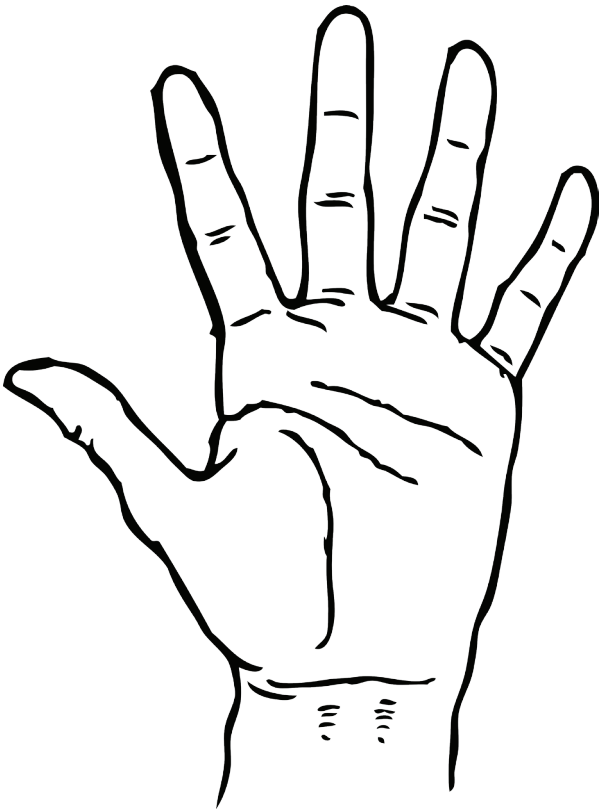
Reality (Full Detail)

Gel pad (Please indicate location on the cast)

Cast rectification required

Extra requirements please specify

Patient Colour Match



Nails

Nail tip length: _____mm

Nail tip colour: _____

Acrylic nails (for reality and toned only)

Silicone nails (single colour for uniform)



Skin Details (for reality finish ONLY)

Veins

Colour/ No colour

Raised/ Flat/ Both

Thread Veins

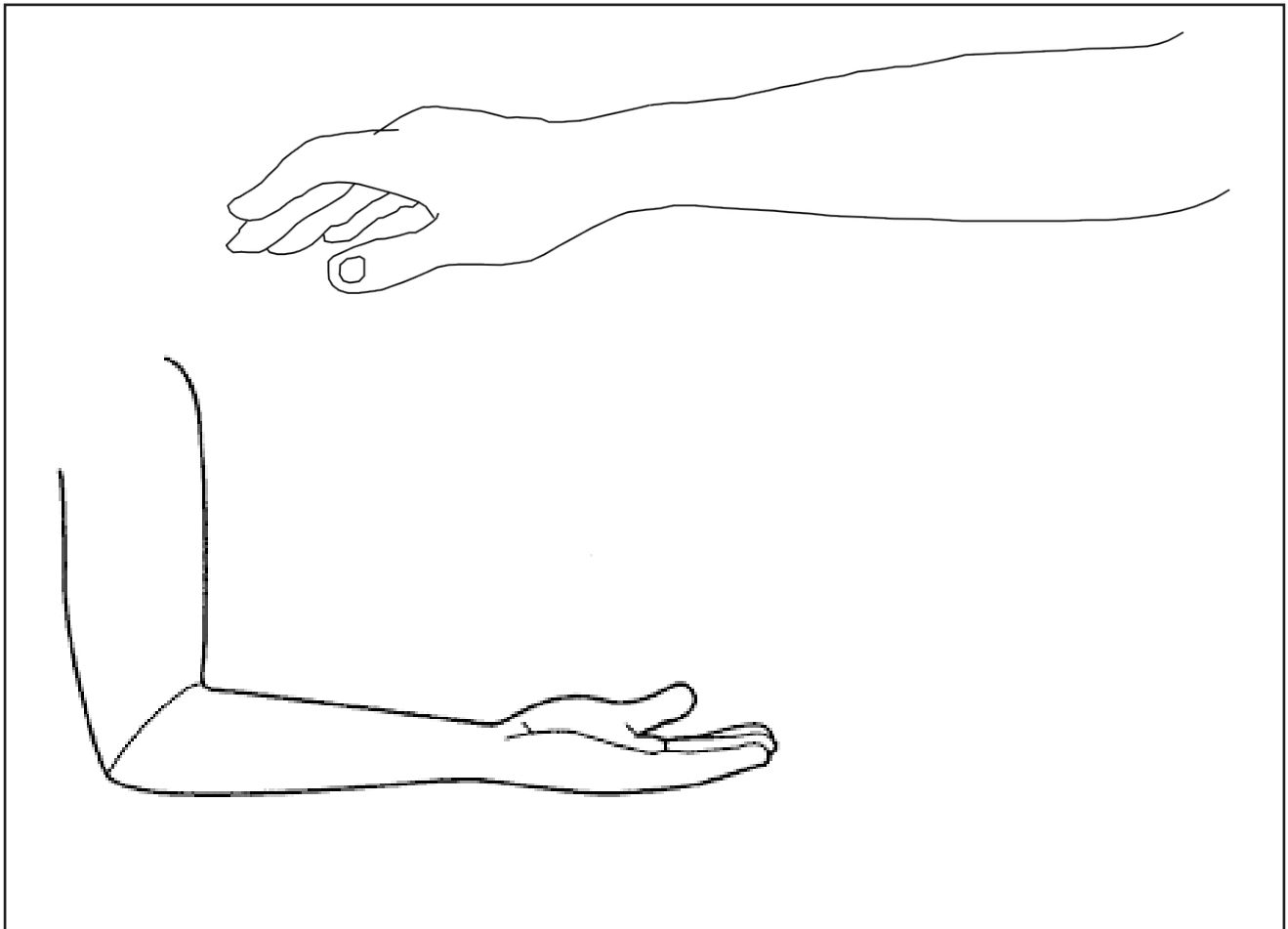
Moles

Freckles

Hair

Tattoo

(please provide image of design
and location in comments)



Additional comments or instructions:

Checklist

Photos supplied

Cast of sound side supplied

Cast of residual limb supplied

Prosthesis supplied

Tattoo design supplied

Practitioner signature: _____ / Date: _____

Patient Signature: _____ /Date: _____

I hereby confirm that i give my consent for a prosthetic device to be made by The Silicone Centre with the information collected today.

Construction Notes (for TSC use)



Contact Us

Distributed by OPC Health in
Australia & New Zealand

T: +61 3 9681 9666

F: +61 3 9681 9366

E: sales@opchealth.com.au

W: www.opchealth.com.au

