



Point Digit Order Form

PO#: _____

Fill out a sizing form for **EACH** hand being fitted. Return the form via e-mail to sales@pointdesignsllc.com

This form must be filled out completely before the order can be filled.

clinic	clinician name	e-mail	phone
Shipping street address (or p.o. box)		city, state	zip code

patient name		Please list the functional expectations for your device, and list the 5 most frequent manual tasks to be performed. i.e., typing, playing piano, cutting food, etc.
affected hand? Left or Right	dominant hand? Left or Right	
which finger(s)? 2 (index) 3 (middle) 4 (ring) 5 (pinky)		

patient height	patient weight	patient age
today's date		date of amputation

Overall Length (mm)
MCP joint center → distal fingertip
Index _____
Middle _____
Ring _____
Little _____

please complete each step below for proper sizing:

1. Measure the distances from the MCP joint centers to the fingertips on the intact hand (where applicable) and record in the table to the left.
2. Choose a size from the table below for each desired prosthetic digit.
3. Consider socket build out and any residual limb distal to the MCP joint when choosing sizes. In general, round down to the nearest size.
4. Choose a mounting kit from the table on page 2 (right or left)

<u>Length</u>	<u>Part Number</u>	<u>Index</u>	<u>Middle</u>	<u>Ring</u>	<u>Little</u>
80 mm	PNTDG012-080-P/B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85 mm	PNTDG012-085-P/B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90 mm	PNTDG012-090-P/B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95 mm	PNTDG012-095-P/B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 mm	PNTDG012-100-P/B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105 mm	PNTDG012-105-P/B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custom	PNTDG012-XXX-P/B	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Please include additional material if you feel it would be useful (e.g., photographs, additional drawings and measurements, photographs with rulers, scans, etc.)

Finger surface finish option (select one)

Polished steel Brushed steel

Mounting Kit		
<u>Side</u>	<u>Part Number</u>	<u>Check One</u>
Left	PNTDG012MK-L	<input type="checkbox"/>
Right	PNTDG012MK-R	<input type="checkbox"/>

The above information is true to the best of my knowledge. By signing the form, I am accepting responsibility for the sizing. If the sizing is incorrect, resulting in an ill-fitting device, I understand I may incur additional charges.

clinician signature _____ date _____