



Point Thumb Order Form

PO#:

Needed On/Before

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

Clinic Name

Clinician's Name

Email

Phone

Shipping

Full address, including country

Patient

Patient Name

Dominant Hand?

Left

Right

Affected Hand?

Left

Right

Please list the functional expectations for your device

List the 5 most frequent manual tasks to be performed. (i.e., typing, playing piano, cutting food, etc.)

Patient Height

Patient Weight

Patient Age

Today's Date

Date of Amputation



Sizing

please complete each step below for proper sizing:

1. Measure the distance from the MP joint center to the fingertip on the intact hand (where applicable) and record in the table to the right.
2. Consider socket build out and any residual limb distal to the MP joint when choosing a size. In general, round down to the nearest size.
3. Choose a size from the table below for each desired prosthetic thumb.
4. Choose a finger surface finish option and a mounting kit from the table below (59 mm, 66 mm, or 73 mm).

Overall Length (mm)
MP Joint Center to Distal Fingertip

Thumb	<input type="text"/>	mm
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Please include additional material if you feel it would be useful (e.g., photographs, additional drawings and measurements, photographs with rulers, scans, etc.)

Digit Size Table

Length	Part Number	Selection
59 mm	PNTTHB-059-G	<input type="checkbox"/>
66 mm	PNTTHB-066-G	<input type="checkbox"/>
73 mm	PNTTHB-073-G	<input type="checkbox"/>

Finger surface finish option

<input type="checkbox"/> Gunmetal Titanium
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Mounting Kit

Size	Part Number	Quantity
59 mm	PNTTHBMK-059	
66 mm	PNTTHBMK-066	
73 mm	PNTTHBMK-073	

Are you willing to conduct a quickDASH outcome measure prior to the fitting and after the fitting?

A \$5 Amazon gift card will be provided after submission of the pre-fitting quickDASH, and a \$15 Amazon gift card will be provided after submission of the post-fitting quickDASH.

Yes No

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 _____