Order Form – Left Lower Arm (BE1-L)

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

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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: ☐

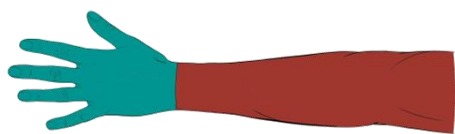Current health and tissue condition:

Previous silicone device:

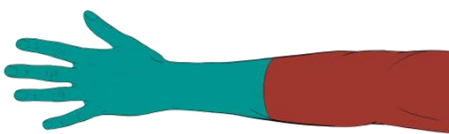Medication – antithrobolitic, hypertensive, insulin, etc.

Patient ID:

2. Prosthetic Requirements

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Level of amputation:

1. Wrist Disarticulation
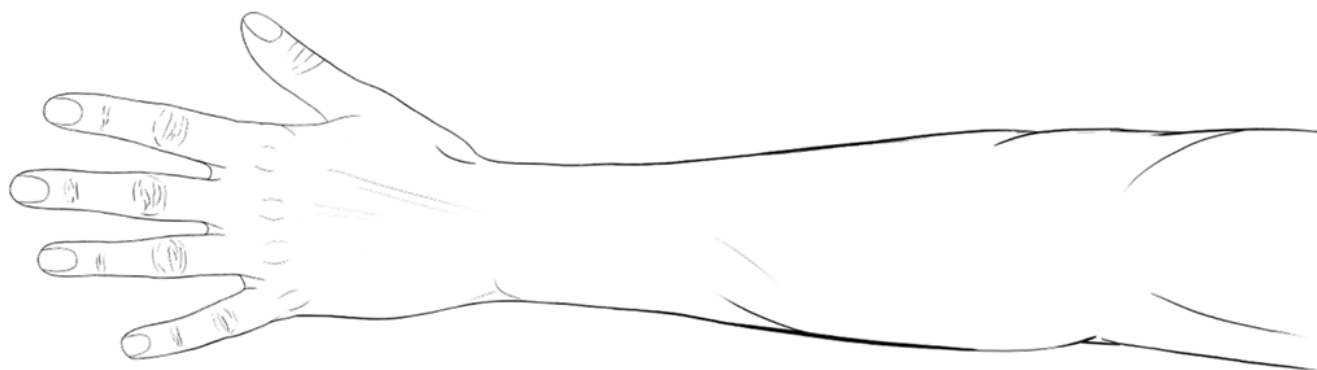
2. Transradial

3. Elbow Disarticulation

Silicone device type:

Purpose of use:

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.

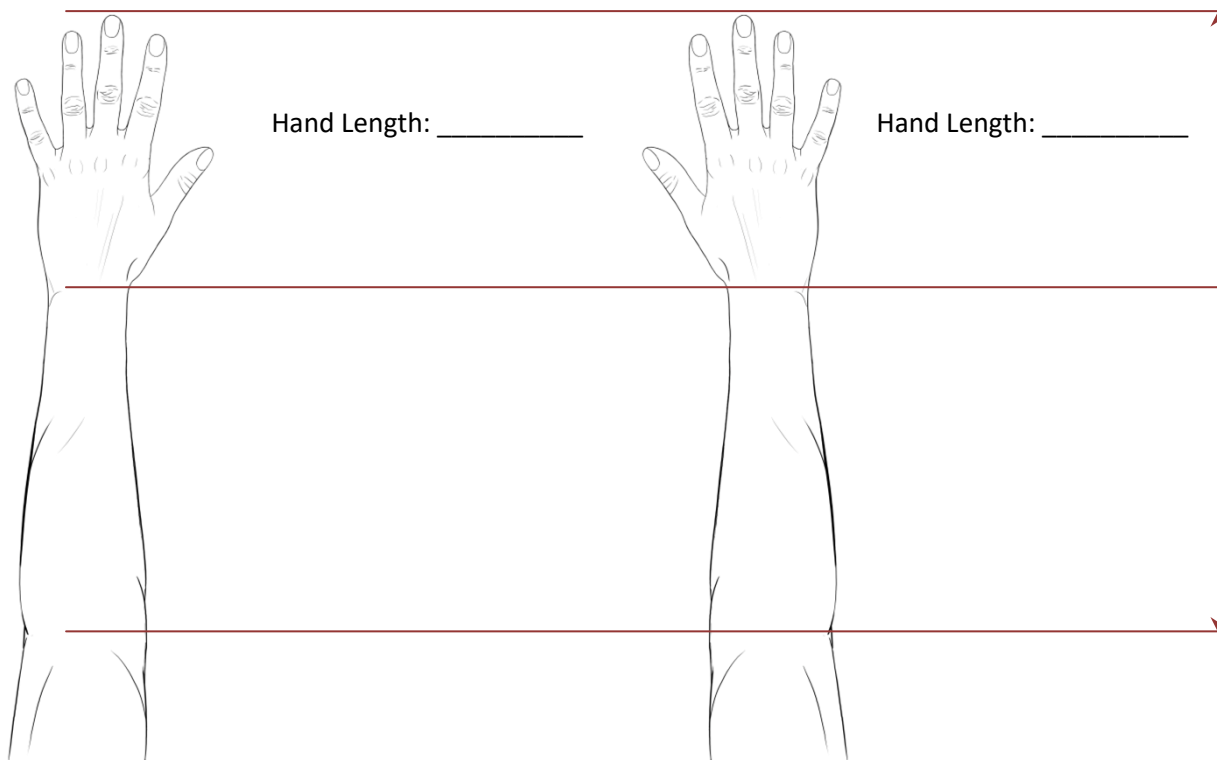Distributed by OPC Health, 26-32 Clayton Rd, Clayton VIC 3168 P: 1300 672 937 E: sales@opchealth.com.au W: opchealth.com.au

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Patient ID:

3. Measurements

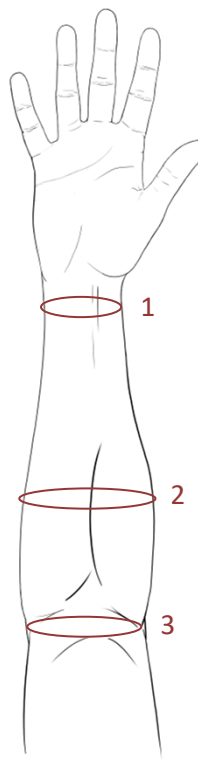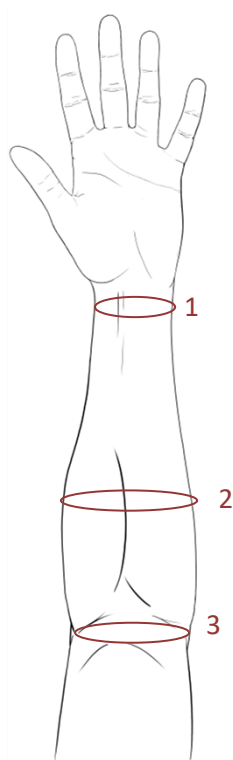Left (Affected) Arm Length: _____   Right Arm length: _____

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Hand Length: _____   Hand Length: _____

Left (Affected) Arm circumference;   1: _____   Right Arm circumference;   1: _____

2: _____   2: _____

3: _____   3: _____

1

2

3

1

2

3

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Patient ID:

4. Colour Match

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Product Type	Uniform: ☐	Toned: ☐	Reality: ☐

Base Colour	
Colour Swatch Number	
Colour Key	
Secondary Colour	
Colour Swatch Number	
Colour Key	
Tertiary Colour	
Colour Swatch Number	
Colour Key	
Additional Colours (Reality Only)	
Colour Swatch Number	
Colour Key	
Additional Colours (Reality Only)	
Colour Swatch Number	
Colour Key	
Additional Colours (Reality Only)	
Colour Swatch Number	
Colour Key	
Additional Colours (Reality Only)	
Colour Swatch Number	
Colour Key	

Veins:

Raised ☐	Flat ☐	Spider ☐

Freckles:

Light ☐	Medium ☐	Dark ☐

Hair (additional cost): ☐
Tattoo (additional cost): ☐
Body Art (additional cost): ☐

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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:

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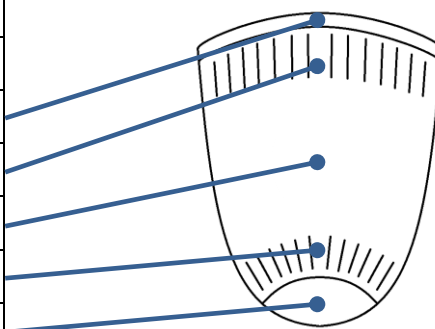
Patient ID:

5. Comments (continued)

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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

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