Order Form – Left Hand (H1-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 – antithrobolitic, hypertensive, insulin, etc.

Patient ID:	

2. Prosthetic Requirements

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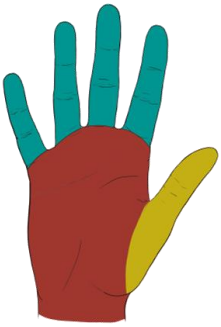
Level of amputation:

1. Transphalangeal (thumb spared or involved)



2. Transmetacarpal Distal (thumb spared or involved)

3. Transmetacarpal Proximal

Silicone device type:

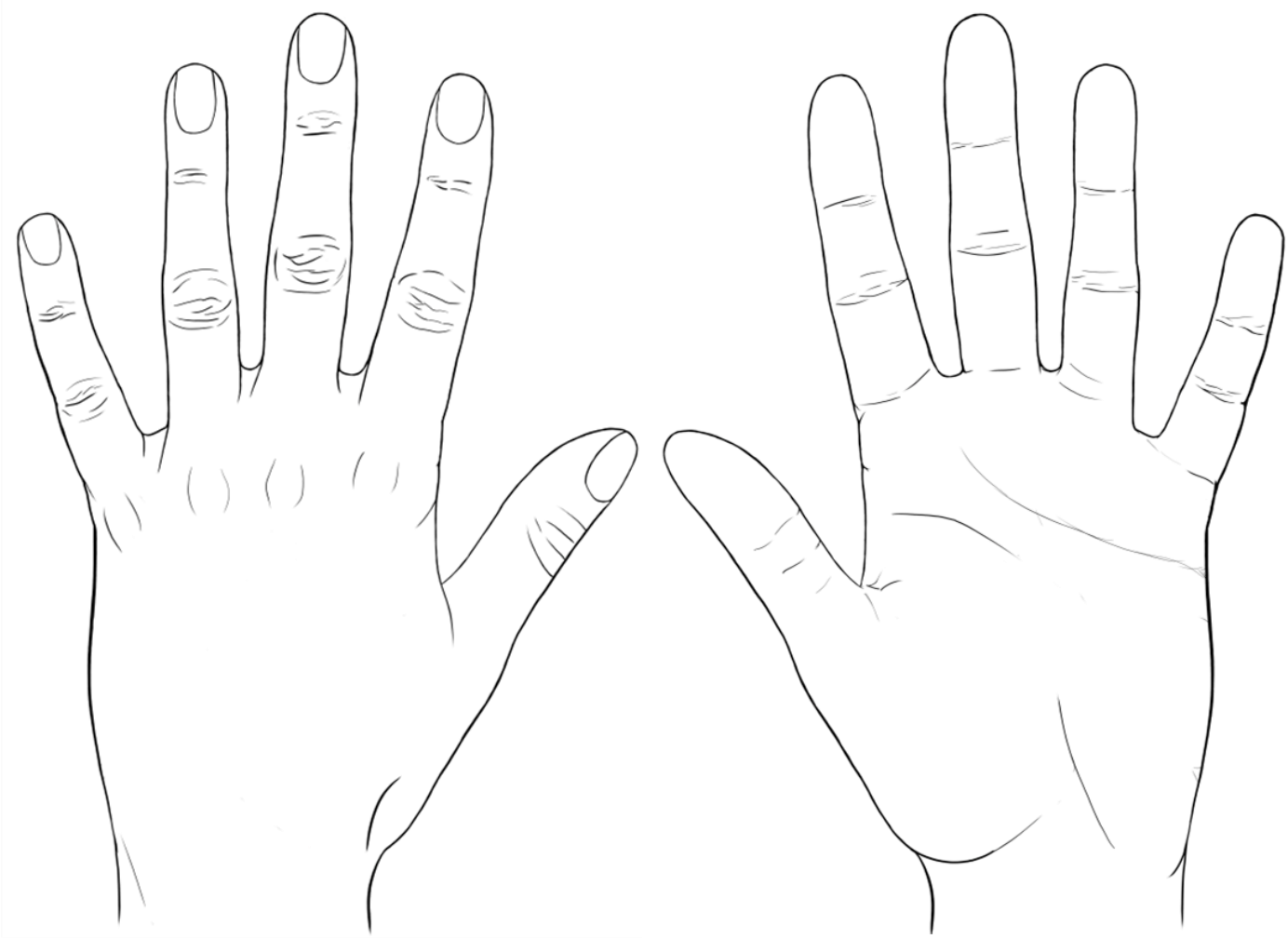
Purpose of use:

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

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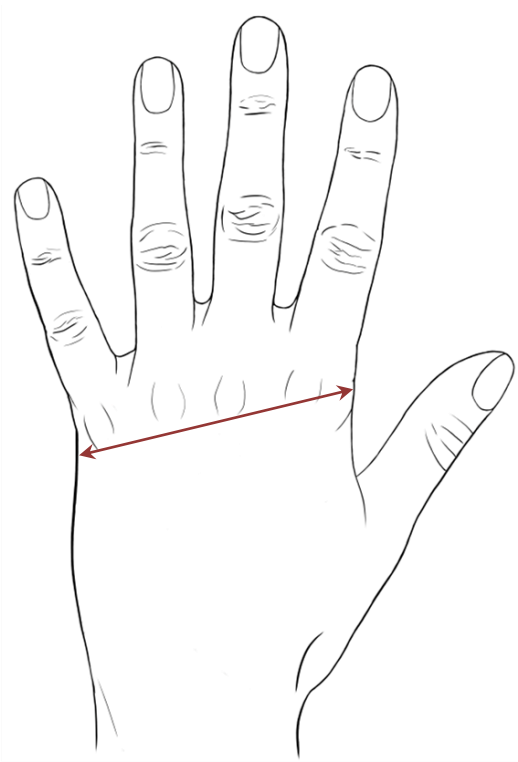
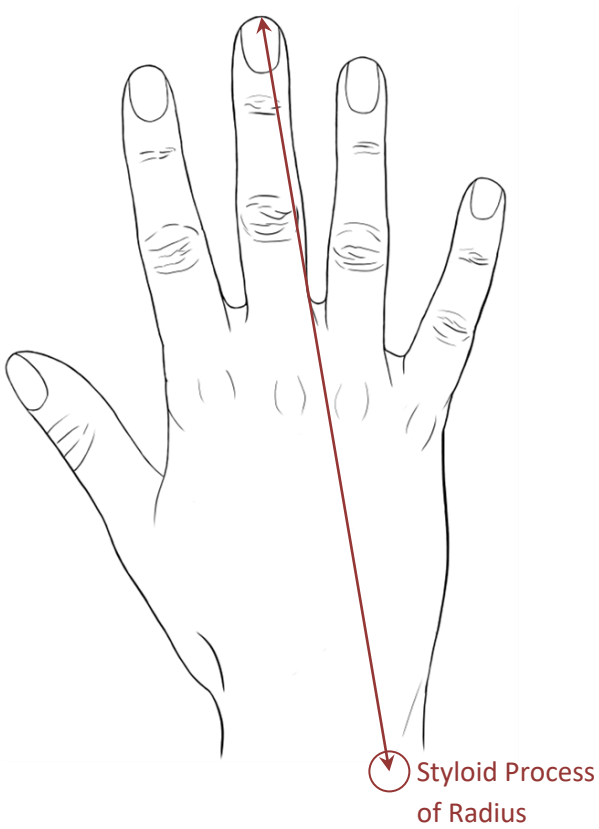
Left (Affected) hand diameter: _____

Right hand length: _____



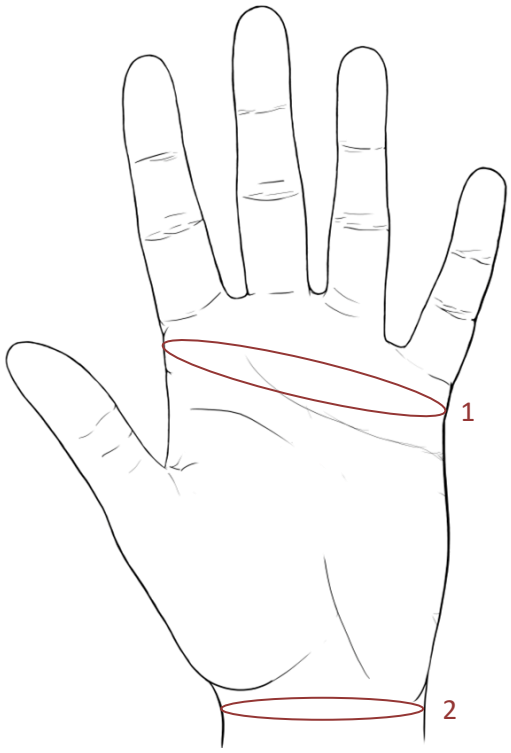


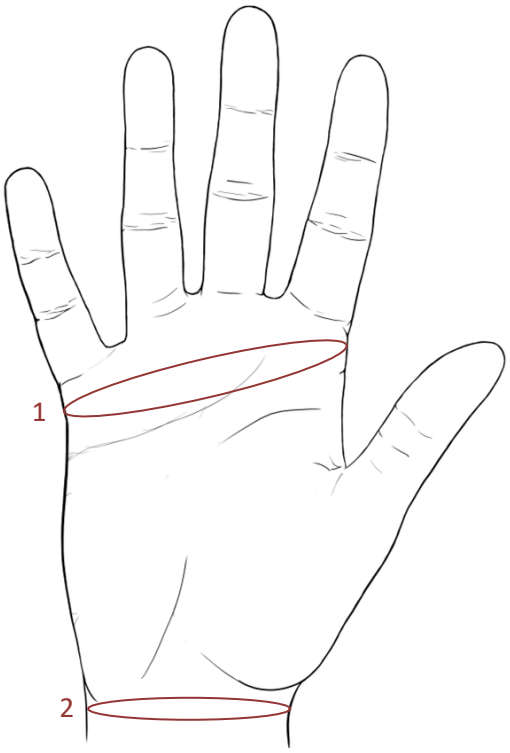
Left (Affected) hand circumference; 1: _____

2: _____

Right hand circumference; 1: _____

2: _____





Patient ID:	

4. Colour Match

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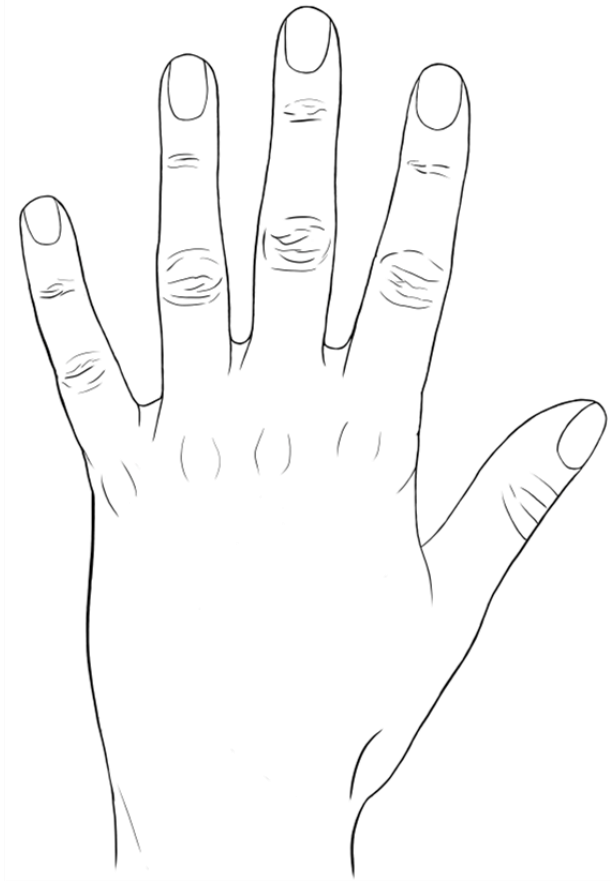
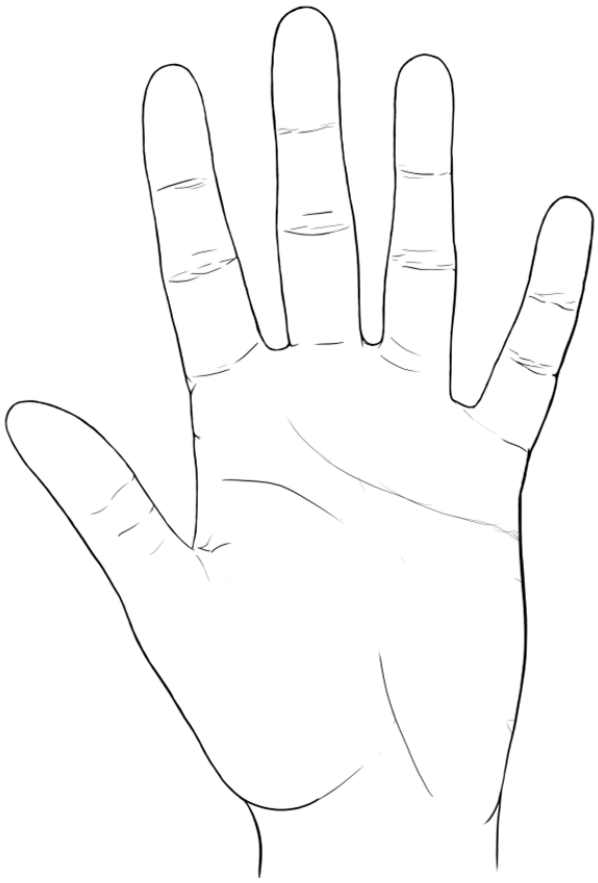
Product Type	Uniform: ☐	Toned: ☐	Reality: ☐
Base Colour			
Colour Swatch Number			
Colour Key			
Secondary Colour			
Colour Swatch Number			
Colour Key			
Tertiary Colour			
Colour Swatch Number			
Colour Key			
Additional Colours (Reality Only)			
Colour Swatch Number			
Colour Key			
Additional Colours (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): ☐		



Patient ID:	

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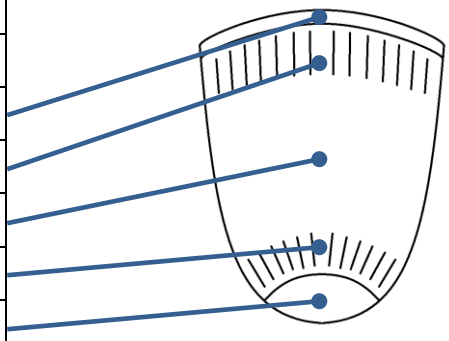
4. Colour Match (continued)

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)

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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