



New Wave Prosthetics Inc.
 3454 Grant Avenue
 Grove City, OH 43123-2515

614 . 782 . 2361 Info@nwprosthetics.com

CLINIC INFORMATION:

Clinician: _____

Email: _____

Office# _____ Cell# _____

Clinic _____ PO # _____

Bill To:

Ship To:

Project Pt Last Name: _____

Male: Female:

Left : Right:

Prosthetics Fabrication Form Partial Hand

Point Design i digits Titan M Finger

Task Specific Grip Lock Other: _____

Are you sending digits to New Wave? Yes No

DIAGNOSTIC *Diagnostic Process*

Pictures are the most important part of partial hand fabrication. Take pictures of the affected side and the sound side . A short video demonstrating range of motion is helpful. For proper length a picture in the prayer position (elbows together on the table palms together vertically sound side finger extended) gives length information.

1. Take Impression of affected Side 1" -2" Proximal to Ulnar Styloid . (Relaxed natural Position) Some designs require impression up to the cubital fold.
2. During the fitting you must correct the digit alignment on the patient. We can not make these adjustments with any accuracy. Your alignment will be transferred in the exact position you provide.
3. Pictures of the trial fitting with a short video is requested. Use a black sharpie and draw on the silicone any areas that need to be adjusted. Indicated how much of a change is required.

DEFINITIVE *Definitive Process*

Return the diagnostic device with all changes and alignment adjustments completed. Describe difficult aspects of the trial fitting you believe are important for completion of the partial hand device. We will call you to discuss prior to proceeding with the final phase. Please include a cell phone number for sharing of pictures and easier contact. This will keep the process in line if we have questions.

Silicone Color _____ Frame Color _____

Date Received: _____ **REQUESTED APPT/IN CLINIC DATE:** _____

Note: Our standard turn-a-round is 14 days from the day project is received (not including holidays)