

Patient Intake Form

Return via mail, fax, or email to orders@npdevices.com | 310 Adams St. NE Olympia, WA 98501

This form must be filled out completely to receive approval for design and manufacturing.

clinic	clinician name	email	phone
shipping address (or PO Box)		city, state	zip code
patient identifier		ring sizing date:	
patient date of birth		final surgical procedure date:	
patient gender <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> other	dominant hand <input type="checkbox"/> right <input type="checkbox"/> left	please circle all affected fingers: L1 L2 L3 L4 L5 R1 R2 R3 R4 R5	
patient occupation		did the injury occur at work? <input type="checkbox"/> yes <input type="checkbox"/> no	
patient email/phone for outcome measures collection only (optional)		insurance type: _____ referring physician: _____	

please explain cause of partial-hand limb difference? <input type="checkbox"/> trauma _____ <input type="checkbox"/> sepsis <input type="checkbox"/> dysvascular <input type="checkbox"/> cancer _____ <input type="checkbox"/> congenital <input type="checkbox"/> other: _____	
did the patient change or lose job due to amputation? <input type="checkbox"/> yes <input type="checkbox"/> no	
is the patient experiencing any of the following? <input type="checkbox"/> edema <input type="checkbox"/> limited joint flexion <input type="checkbox"/> other concern that might affect function <input type="checkbox"/> hyper-sensitivity <input type="checkbox"/> limited joint extension (explain): _____ <input type="checkbox"/> weakness <input type="checkbox"/> volume fluctuation	
does the patient have access to hand therapy or occupational therapy (OT)? <input type="checkbox"/> yes <input type="checkbox"/> no if yes, please provide therapist contact information: _____	
has the patient tried any other prosthetic intervention? <input type="checkbox"/> yes <input type="checkbox"/> no if yes, please list which: _____ if no, would you like to be connected with a resource? <input type="checkbox"/> yes <input type="checkbox"/> no	

PATIENT GOALS - Please list the top 5 manual tasks the device(s) will assist with (i.e., typing, cutting food, hammering, etc.). 1. _____ 4. _____ 2. _____ 5. _____ 3. _____	
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ADDITIONAL NOTES: _____ _____ _____
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☐ **WARRANTY:** please check this box to indicate you wish to purchase a warranty.
NOTE: The warranty must be purchased within 30 days from the shipment of the device(s).

The above information is true to the best of my knowledge. I understand that these data will be used to design a customized device. By signing the form, I am accepting responsibility for the information herein.

Clinician signature: _____ Date: _____

Contact Customer Experience for an upload link for your videos, photos, and scanned form: orders@npdevices.com.

PIPDriver®, MCPDriver®, ThumbDriver®, and GripLock Finger® | Media Guidelines

VIDEOS + PHOTOS

Photos and videos are required in customizing the device(s) for the patient. Photos and videos must be **400kb** and show unobstructed viewpoint for each impaired digit.

PHOTOS

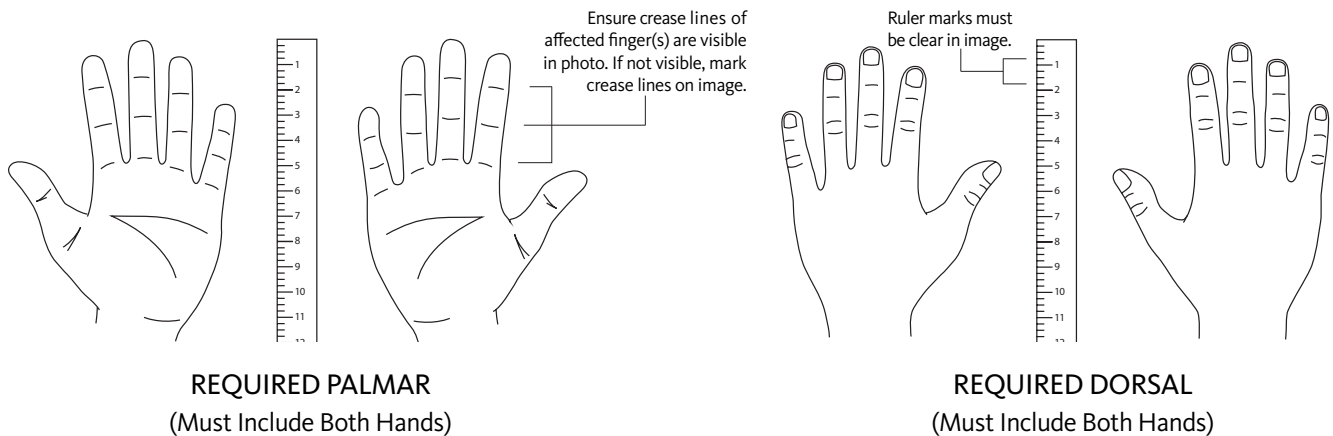
Please ensure hand detail (i.e., palmar creases) and ruler hash marks / numbers are highly visible in each photo.

- Orthogonal photo with ruler – fingers extended, palmar view
- Orthogonal photo with ruler – fingers extended, dorsal view

VIDEOS

Required videos must include *affected* digit(s):

- Full flexion and extension – palmar view
- Full flexion and extension – sagittal view



It is critical that both hands are positioned **as flat as possible** against a stationary surface, such as a table, and that the photos are taken **directly above** (perpendicular to) the hands and approximately **two feet (~60cm)** away to avoid any possible distortion of the photos. ***Failure to capture images according to Naked Prosthetics standards may require re-submission.***

REQUIRED ADDITIONAL PHOTOS OF IMPAIRED DIGIT(S)

- One down the barrel photo for each required ring sizing measurement
- Dorsal view
 - all sizing rings on and size visible in measurement position

Application Checklist (*check when complete*)

<input type="checkbox"/> Intake Form	<input type="checkbox"/> ROM Video	<input type="checkbox"/> QuickDASH Outcome Measure (Score: <input type="text"/>)
<input type="checkbox"/> Picture A	<input type="checkbox"/> Device Sizing Form	<input type="checkbox"/> Hand Scan (Optional)
<input type="checkbox"/> Picture B	<input type="checkbox"/> Positive Hand Mold (N/A for PIPDriver and GripLock Finger)	

Contact Customer Experience for an upload link for your videos, photos, and scanned form: orders@npdevices.com.

PIPDriver®

Patient: _____

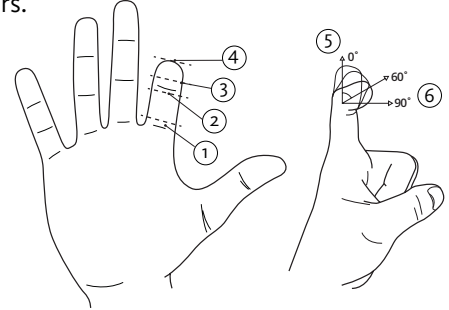
Clinician: _____

SIZE & ROM

Record the following five measurements by filling in each appropriate box below with the corresponding sizing ring number and ROM measurement. Please use only the Naked Prosthetics' sizing kit numbers.

Use the drawing here for reference:

- ① ring size at base of finger where a ring normally rests
- ② ring size at PIP joint (knuckle)
- ③ base of the 2nd phalanx
- ④ distal 2nd phalanx
- ⑤ PIP joint extension
- ⑥ PIP joint flexion



*select an intimate fitting ring size for each measurement

*oval and round ring sizes are **not** interchangeable

*for each measurement, **circle** whether you used a round or oval ring

LEFT HAND

	L2index	L3middle	L4ring	L5pinky
① proximal base	oval / round	oval / round	oval / round	oval / round
② PIP joint	oval / round	oval / round	oval / round	oval / round
③ base 2nd phalanx	oval / round	oval / round	oval / round	oval / round
④ distal 2nd phalanx	oval / round	oval / round	oval / round	oval / round
⑤ PIP joint extension				
⑥ PIP joint flexion				

RIGHT HAND

	R2index	R3middle	R4ring	R5pinky
① proximal base	oval / round	oval / round	oval / round	oval / round
② PIP joint	oval / round	oval / round	oval / round	oval / round
③ base 2nd phalanx	oval / round	oval / round	oval / round	oval / round
④ distal 2nd phalanx	oval / round	oval / round	oval / round	oval / round
⑤ PIP joint extension				
⑥ PIP joint flexion				

☐ Capacitive tip - additional charges apply.

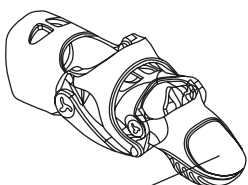
– Please indicate which digits will be ordered as capacitive:

☐ L2index ☐ L3middle ☐ L4ring ☐ L5pinky

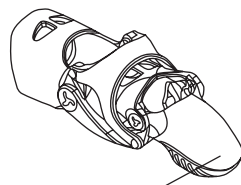
☐ R2index ☐ R3middle ☐ R4ring ☐ R5pinky

NAIL STYLE (check box)

Please note: Organic nail is for PIPDriver only.



☐ Organic



☐ Minimalist

ADDITIONAL NOTES:

MCPDriver® and ThumbDriver®

Patient: _____

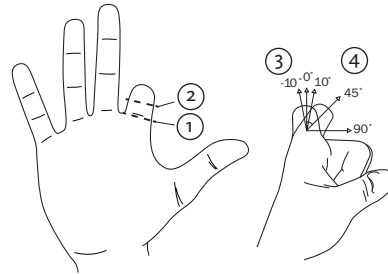
Clinician: _____

SIZE & ROM

Record the following four measurements by filling in each appropriate box below with the corresponding sizing ring number and ROM measurement. Please use only the Naked Prosthetics' sizing kit numbers.

Use the drawing here for reference:

- ① ring size at base of finger where a ring normally rests
- ② ring size ½-way between the base and end of finger
- ③ MCP joint extension (use a goniometer)
(hyperextension is a negative value)
- ④ MCP joint flexion (use a goniometer)



*select an intimate fitting ring size for each measurement

*oval and round ring sizes are **not** interchangeable

*for each measurement, **circle** whether you used a round or oval ring

LEFT HAND

	L1thumb	L2index	L3middle	L4ring	L5pinky
① proximal base	oval / round	oval / round	oval / round	oval / round	oval / round
② mid 1st phalanx	oval / round	oval / round	oval / round	oval / round	oval / round
③ MCP joint extension					
④ MCP joint flexion					

RIGHT HAND

	R1thumb	R2index	R3middle	R4ring	R5pinky
① proximal base	oval / round	oval / round	oval / round	oval / round	oval / round
② mid 1st phalanx	oval / round	oval / round	oval / round	oval / round	oval / round
③ MCP joint extension					
④ MCP joint flexion					

☐ Capacitive tip - additional charges apply.

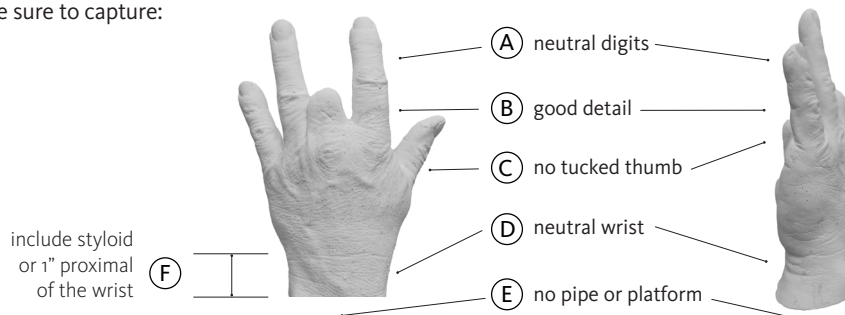
– Please indicate which digits will be ordered as capacitive:

☐ R1thumb ☐ R2index ☐ R3middle ☐ R4ring ☐ R5pinky

☐ L1thumb ☐ L2index ☐ L3middle ☐ L4ring ☐ L5pinky

POSITIVE HAND MOLD (preferable in dental stone)

Be sure to capture:



Silicone



Alginate

Use your phone camera to access the Naked Prosthetics Silicone and Alginate Casting instructions (PDF).

GripLock Finger®

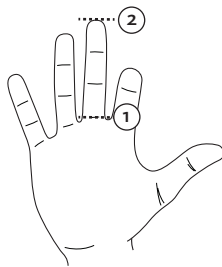
Patient: _____ Clinician: _____

Included with each GripLock Finger purchase:

- GLF toolkit
- corresponding dummy finger
- anchor setup for alignment and final lamination
- *additional anchors can be purchased through NP Customer Experience*

SIZE & ROM

To estimate appropriate GripLock Finger length, measure the distance from the palmar digital crease (1) to the distal end of the fingertip (2) on each corresponding intact finger. Use the following table to record your measurements:



Intact Finger Measurement

Intact Digit	index	middle	ring	pinky
Length (mm)	mm	mm	mm	mm

GripLock Finger Size

Use your measured lengths above to select the most appropriate GripLock Finger size for each digit. Be sure to consider any possible added length that may occur as a result of socket build up when deciding on final finger length.

Please indicate the number of each digits you would like to order in each corresponding box.

Length	Quantity	Capacitive <i>*additional charges apply</i>
65		
70		
75		
80		
85		
90		

ALIGNMENT JIG

- ☐ Please check this box if you would like to order an additional alignment jig with this purchase.

Note: your first order of a GripLock Finger from NP will include one alignment jig.

FABRICATION

- ☐ Do you need support or a quote* for fabrication?
**quote supplied by Össur, Ohio*

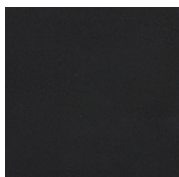
PIPDriver®, MCPDriver®, ThumbDriver®, and GripLock Finger® | Color

Patient: _____

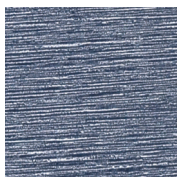
Clinician: _____

Refer to npdevices.com or demo kit for visual aid.

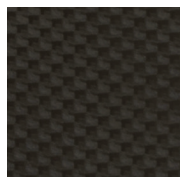
Please check corresponding box:



☐ Black



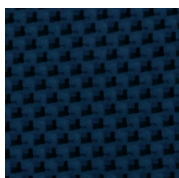
☐ Brushed



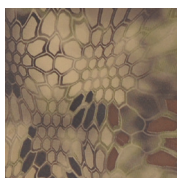
☐ Carbon



☐ Cork2



☐ Indigo



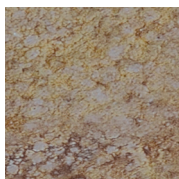
☐ Kryptek



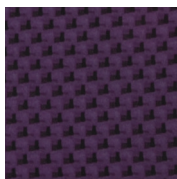
☐ Navy



☐ Paisley



☐ Travertine



☐ Wisteria