

## Patient Intake Form

Return via mail, fax, or email to [orders@npdevices.com](mailto: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?  
 trauma \_\_\_\_\_  
 sepsis  dysvascular  cancer \_\_\_\_\_  congenital  other: \_\_\_\_\_

did the patient change or lose job due to amputation?  
 yes  no

is the patient experiencing any of the following?  
 edema  limited joint flexion  other concern that might affect function  
 hyper-sensitivity  limited joint extension (explain): \_\_\_\_\_  
 weakness  volume fluctuation

does the patient have access to hand therapy or occupational therapy (OT)?  
 yes  no if yes, please provide therapist contact information: \_\_\_\_\_

has the patient tried any other prosthetic intervention?  yes  no  
 if yes, please list which: \_\_\_\_\_ if no, would you like to be connected with a resource?  yes  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. _____	

ADDITIONAL NOTES:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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](mailto: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

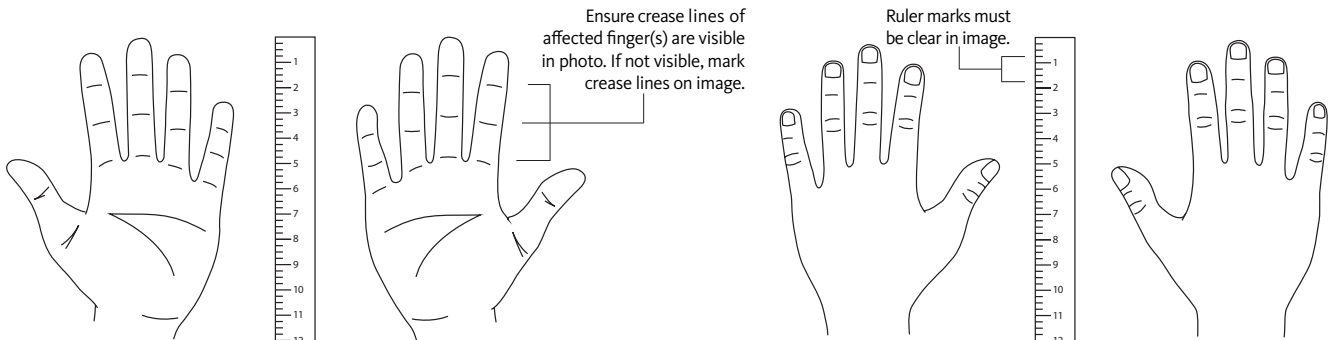
Please ensure hand detail (i.e., palmar creases) and ruler hash marks / numbers are highly visible in each photo.

- 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



**REQUIRED PALMAR**  
(Must Include Both Hands)

**REQUIRED DORSAL**  
(Must Include Both Hands)

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="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](mailto:orders@npdevices.com).**

**PIPDriver®**

Patient: \_\_\_\_\_

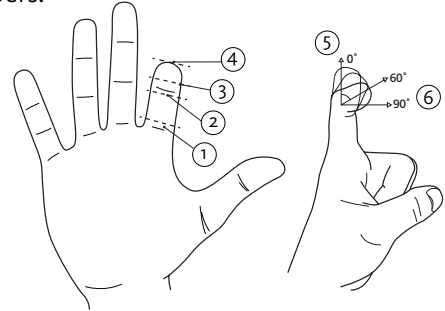
Clinician: \_\_\_\_\_

**SIZE & ROM**

Record the following six 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**

**RIGHT 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				

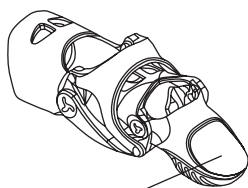
	R2index	R3middle	R4ring	R5pinky
① proximal base	oval / round	oval / round	oval / round	oval / round
② PIP joint	oval / round	oval / round	oval / round	oval / round
③ base 2nd phalanx	oval / round	oval / round	oval / round	oval / round
④ distal 2nd phalanx	oval / round	oval / round	oval / round	oval /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

Capacitive tip - additional charges apply.  
 - Please indicate which digits will be ordered as capacitive:

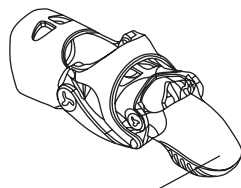
- L2index     L3middle     L4ring     L5pinky
- R2index     R3middle     R4ring     R5pinky

**NAIL STYLE (check box)**

Please note: Organic nail is for PIPDriver only.



Organic



Minimalist

ADDITIONAL NOTES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MCPDriver® and ThumbDriver®

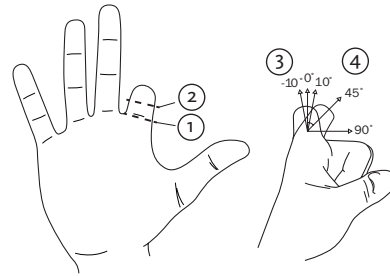
Patient: \_\_\_\_\_ Clinician: \_\_\_\_\_

### 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					

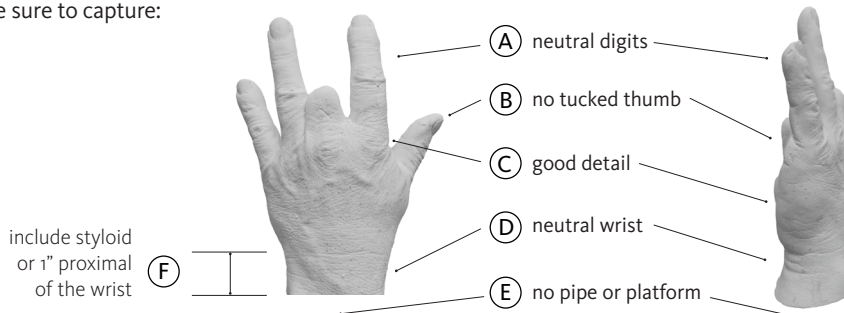
#### RIGHT HAND

	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®

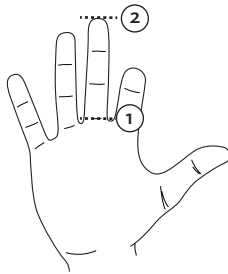
Patient: \_\_\_\_\_ Clinician: \_\_\_\_\_

**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)	<i>mm</i>	<i>mm</i>	<i>mm</i>	<i>mm</i>

### 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?

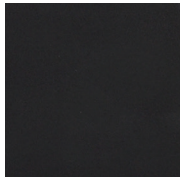
*\*quote supplied by Össur, Ohio*

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

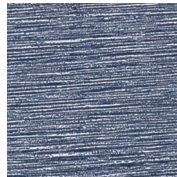
Patient: \_\_\_\_\_ Clinician: \_\_\_\_\_

Refer to [npdevices.com](http://npdevices.com) or demo kit for visual aid.

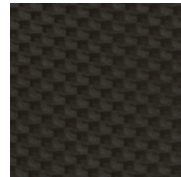
Please check corresponding box:



Black



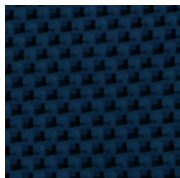
Brushed



Carbon



Corkz



Indigo



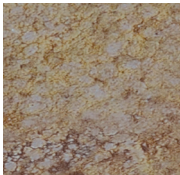
Kryptek



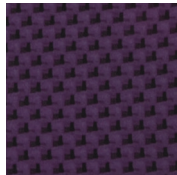
Navy



Paisley



Travertine



Wisteria