

point designs diagnostic checklist

1

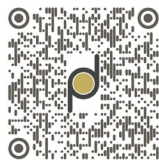
View fabrication customization options



click here

2

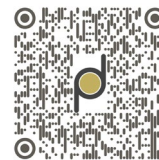
Schedule a virtual alignment consult



click here

3

Complete definitive fabrication intake form



click here

To begin definitive fabrication, please ship the following back to our Clinical Services fabrication lab:

- Well-fitting diagnostic socket with verified alignment
- All additional device and fabrication components
- This form in addition to the definitive fabrication intake form

Ship to:

Point Designs Clinical Services
596 W 750 S, Ste 110
Bountiful, UT 84010

project information

Project Identifier / PO# / Order#:

checklist

*** THIS DOCUMENT NEEDS TO BE COMPLETED AND RETURNED WITH THE DIAGNOSTIC DEVICE BEFORE DEFINITIVE FABRICATION CAN BEGIN**

Point Designs offers a free clinical consult to ensure the best fit and function

Yes No I participated in a virtual alignment consultation with a clinical specialist at Point Designs

initial to confirm

- _____ I confirmed, marked, or cut all trimlines on the diagnostic silicone
- _____ I confirmed, marked, or cut all trimlines on the diagnostic frame
- _____ I confirmed the fit of the diagnostic silicone and frame
- _____ I confirmed adequate suspension of the diagnostic silicone and frame
- _____ I aligned and mounted the digits to the diagnostic frame
- _____ I confirmed the patient can perform their desired grasps
- _____ I selected definitive preferences using the definitive fabrication intake form
- _____ I noted any changes needed in the definitive intake form
- _____ My patient can perform their functional tasks and goals using the aligned dx prosthesis

sign below to authorize definitive fabrication

I certify I am aware that untested changes to the diagnostic socket may lead to improper fit and additional fabrication costs. I acknowledge that I have been offered a free clinical consultation during the diagnostic fitting phase. If I choose not to participate, I understand that I will be responsible for any additional costs associated with remakes of the prosthesis.

Signature: Date: