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Merge™ MID Order Form

(SKU: PD-BPPIP-G1)

Please email a copy of this form and any associated photos/videos to sales@pointdesigns.com

order information

Clinician Name*

Clinician Phone Number*

Clinician Email*

PO#*

If you do not have a PO # (select which applies):

- ☐ Case is pending authorization
- ☐ I need help with sizing
- ☐ PO is pending

Clinic Name*

Shipping Address*

Billing Address*

patient information

Patient Identifier*

Age

Date of Amputation

Occupation

Affected Hand ☐ L ☐ R

Dominant Hand ☐ L ☐ R

Insurance*

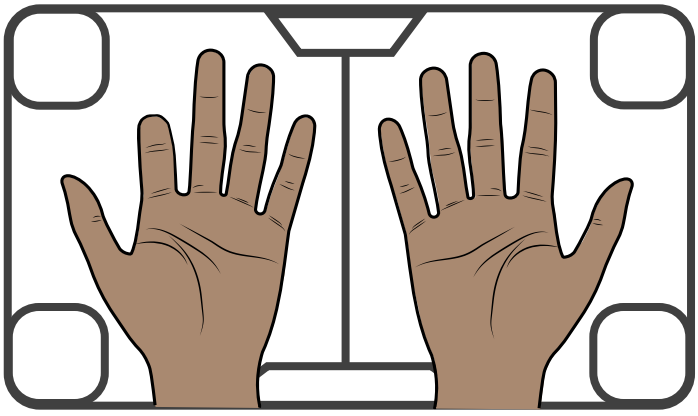
- ☐ Workers Comp
- ☐ Commercial
- ☐ Medicare
- ☐ Other
  - Please specify
- ☐ Managed Medicaid
- ☐ VA
- ☐ Medicaid

Goals and tasks for the prosthesis

photos

Submit a photo of both of the patient's hands on the provided sizing mat with the palms facing up. Ensure both hands are fully visible, the creases at the joints are clearly visible, and the scale on the measurement mat is in focus.

Email photo to sales@pointdesigns.com along with this completed form.



measurements

Record the following 3 measurements for each affected digit. **Length is measured in mm.**

1 Ring Size

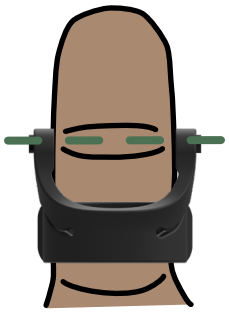
A. ***Select*** *the appropriate ring from the sizing kit.*

B. ***Position*** *the ring on the proximal phalanx and align the PIP joint.*

C. ***Verify ring fit:*** *Snug with no independent rotation, minimal expansion in full flexion, and minimal medial/lateral clearance in full extension.*

A
ring sizes
1-13D
1-16D
2-16D
2-19D
3-19D
3-22D
4-22D

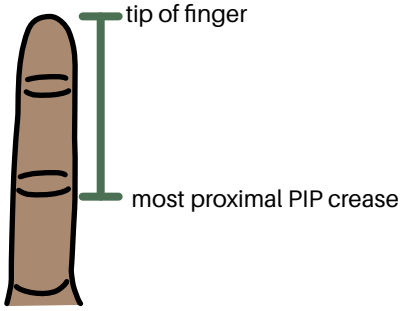
B



2 Contralateral PIP to Tip

A. ***Select*** *the matching finger. If unavailable, select a representative unaffected finger.*

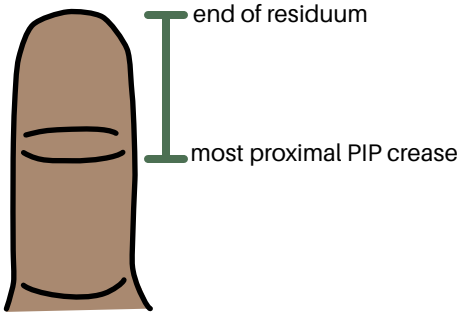
B. ***Measure*** *from the* ***most proximal PIP crease*** *(palm side) to the* ***tip of the finger****.*



3 PIP to Residuum End

A. ***Select*** *the affected finger.*

B. ***Measure*** *from the* ***most proximal PIP crease*** *(palm side) to the* ***end of the residuum****.*



left hand

	L2 Index	L3 Middle	L4 Ring	L5 Little
1				
2	mm	mm	mm	mm
3	mm	mm	mm	mm

right hand

	R2 Index	R3 Middle	R4 Ring	R5 Little
1				
2	mm	mm	mm	mm
3	mm	mm	mm	mm

additional notes & signature

The above information is accurate and I understand that this information will be used to produce a custom final device. By signing this form, I am accepting responsibility for the accuracy of the provided information.

Signature* Date*

Questions? Email us at: sales@pointdesigns.com

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