



**PARTIAL HAND  
SILICONE INTERFACING**

**WORK ORDER #:**  
(LAB USE ONLY)

**BILL TO:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**SHIP TO:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SAME AS BILLING

**PRACTITIONER:** \_\_\_\_\_

PHONE #: \_\_\_\_\_

OPS INVOICE/NG ENCOUNTER/ACCT #: \_\_\_\_\_

**PATIENT IDENTIFIER:**

HEIGHT: \_\_\_\_\_  MALE

WEIGHT: \_\_\_\_\_  FEMALE

AGE: \_\_\_\_\_

DATE OF SERVICES: \_\_\_\_\_

IN-OFFICE REQUEST DATE: \_\_\_\_\_

EARLY AM  AM  PM

**PARTIAL HAND DESIGN OPTIONS**

**M FINGERS**  LEFT  RIGHT  BILATERAL

- FULL      DIGIT(S):  2/INDEX     3/MIDDLE     4/RING     5/PINKY
- PARTIAL    DIGIT(S):  2/INDEX     3/MIDDLE     4/RING     5/PINKY
- THUMB

**TITAN FINGERS**  LEFT  RIGHT  BILATERAL

- FULL      DIGIT(S):  2/INDEX     3/MIDDLE     4/RING     5/PINKY
- PARTIAL    DIGIT(S):  2/INDEX     3/MIDDLE     4/RING     5/PINKY
- THUMB

**SILICONE ONLY**  LEFT  RIGHT  BILATERAL

FINGER EXTENSION       HEIGHT \_\_\_\_\_

- FULL      DIGIT(S):  2/INDEX     3/MIDDLE     4/RING     5/PINKY
- PARTIAL    DIGIT(S):  2/INDEX     3/MIDDLE     4/RING     5/PINKY
- THUMB

WRIST DISARTICULATION     TRANS RADIAL     TRANS HUMERAL     SHOULDER DISARTICULATION

**SILICONE SOCKET**  LEFT  RIGHT  BILATERAL

VALVE TYPE:  NO VALVE     AK LYN VALVE     PEEWEE LYN VALVE     OTHER \_\_\_\_\_

PULL TUBE

**SILICONE FINISH/COLOR**

**OTTO BOCK**  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18

**COLOR**  BLACK  PURPLE  NAVY BLUE  ROYAL BLUE  RED  GRAY  YELLOW  NEON GREEN

HANGER ORANGE     OTHER-CALL TO DISCUSS CUSTOM OPTIONS

**NOTES**

**SHIP PROJECT & DETAILS TO**

HANGER FABRICATION NETWORK-CROMWELL  
PARTIAL HAND - SILICONE INTERFACING DIVISION  
10-E COUNTY LINE DRIVE  
CROMWELL, CT 06416  
PH 860-667-5376

ORD004 N/C