



DIAGNOSTIC CHECKLIST

JOB#: _____

View fabrication customization options



Schedule a virtual alignment consult



Definitive fabrication intake form



To begin definitive fabrication, please ship the following back to our 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

Point Designs Fabrication Lab: 596 W 750 S, Suite 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



Schedule a virtual alignment consult

INITIAL TO CONFIRM

REQUIREMENTS

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

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: _____