



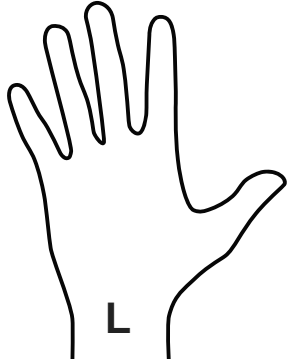
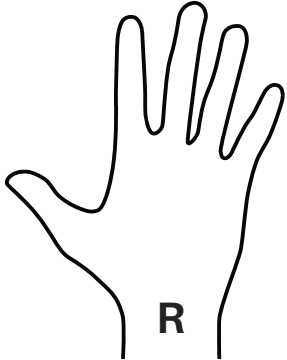
JOB#: _____
DATE: _____

POINT DESIGNS DIAGNOSTIC INTAKE

PROJECT INFORMATION

Clinic Name	Clinician Best Phone Number
<input type="text"/>	<input type="text"/>
Clinician Name	Clinician Email
<input type="text"/>	<input type="text"/>
Shipping Address	
<input type="text"/>	
Purchase Order Number	Additional Info
<input type="text"/>	<input type="text"/>

PATIENT INFORMATION

Patient Identifier	Age	Date of Amputation
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dominant Hand	Affected Hand	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>
Circle digits being fabricated by Point Designs:	Goals and tasks for the prosthesis:	
		<input type="text"/>
Notes about the socket design, if there is bi-lateral involvement, hot spots, suspension, etc.:		
<input type="text"/>		

Please return this form with the impression to our fabrication lab in Bountiful, UT

HAVE QUESTIONS? EMAIL US AT FAB@POINTDESIGNS.COM