

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



point designs

To begin definitive fabrication, please ship a well-fitting diagnostic socket with finger alignment verified to Point Designs. 596 W 750 S, Ste 110, Bountiful, UT 84010. Also send any additional device and fabrication components to prevent fabrication delays.

**PROJECT INFORMATION**

Project Identifier / PO# / Order#: \_\_\_\_\_

**DIAGNOSTIC CHECKLIST**

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

**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 communicated feedback through the customer portal\*
- \_\_\_\_\_ I selected definitive preferences using the online order form\*

**SIGN BELOW TO AUTHORIZE DEFINITIVE FABRICATION**

I hereby certify that I am aware untested changes to the diagnostic socket may lead to improper fit and additional fabrication costs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The customer portal and online order form can be accessed at [www.pointdesignsllc.com/resources](http://www.pointdesignsllc.com/resources)

\*\*If you are unable to complete this form, and have not completed a virtual consultation, please sign up for one at [www.pointdesignsllc.com/meetings/chris-baschuk](http://www.pointdesignsllc.com/meetings/chris-baschuk)