



Point Pivot+ Order Form

PO#:

Needed On/Before

Fill out a sizing form for **EACH** hand being fitted. Return the form via e-mail to sales@pointdesignsllc.com.

This form must be filled out completely before the order can be filled.

Clinic

Clinic Name

Clinician's Name

Email

Phone

Shipping

Street Address / P.O. Box

City, State

ZIP code

Patient

Patient Name

Dominant Hand?

Left

Right

Affected Hand?

Left

Right

Please list the functional expectations for your device

List the 5 most frequent manual tasks to be performed. (i.e., typing, playing piano, cutting food, etc.)

Patient Height

Patient Weight

Patient Age

Today's Date

Date of Amputation



Are you willing to conduct a quickDASH outcome measure prior to the fitting and after the fitting?

A **\$5 Amazon gift card** will be provided after submission of the pre-fitting quickDASH, and a **\$15 Amazon gift card** will be provided after submission of the post-fitting quickDASH.

Yes **No**

The above information is true to the best of my knowledge. By signing the form, I am accepting responsibility for the sizing. If the sizing is incorrect, resulting in an ill-fitting device, I understand I may incur additional charges.

Clinician Signature _____ Date _____

Please include additional material if you feel it would be useful (e.g., photographs, additional drawings and measurements, photographs with rulers, scans, etc.)