



# Point Digit and Point Digit *mini* 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](mailto: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

Affected Finger(s)?

2 (index)  3 (middle)  4 (ring)  5 (little)

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.)

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Patient Height

Patient Weight

Patient Age

Today's Date

Date of Amputation



## Sizing

Please complete each step below for proper sizing:

1. Measure the distances from the MCP joint centers to the fingertips on the intact hand (where applicable) and record in the table to the right.
2. Consider socket build out and any residual limb distal to the MCP joint when choosing sizes. In general, round down to the nearest size.
3. Choose a size from the table below for each desired prosthetic digit.
4. Choose a mounting kit from the table below (right or left).

**Overall Length (mm)**  
MCP Joint Center to Distal Fingertip

Index	<input type="text"/>	mm
Middle	<input type="text"/>	mm
Ring	<input type="text"/>	mm
Little	<input type="text"/>	mm

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

### Digit Size Table

Length	Part Number	Index	Middle	Ring	Little
55 mm	PNTMN-055-G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60 mm	PNTMN-060-G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65 mm	PNTMN-065-G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70 mm	PNTMN-070-G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75 mm	PNTMN-075-G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80 mm	PNTDG2-080-G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85 mm	PNTDG2-085-G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90 mm	PNTDG2-090-G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95 mm	PNTDG2-095-G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 mm	PNTDG2-100-G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105 mm	PNTDG2-105-G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Mounting Kit

Side	Part Number	Check One
Left	PNTDG012MK-L	<input type="checkbox"/>
Right	PNTDG012MK-R	<input type="checkbox"/>

**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.)*