Partial Hand SOLUTIONS, LLC

Patient name: _____

Clinician: _____

Phone number: _____

Email: _____

Ship to address: _____

_____

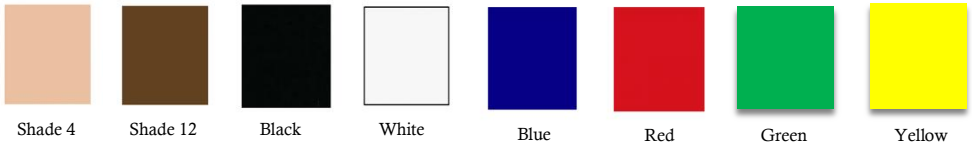
_____

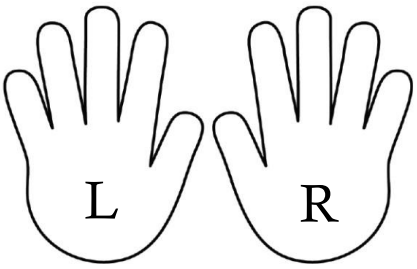
Partial Flex	☐	M-Thumb	☐	Other	☐
Thumb cage	☐	Titan Thumb	☐	_____	
Partial M-Finger	☐	Titan Partial	☐	_____	
M-Finger	☐	Titan Flex	☐	**Side**	
Ped M-Finger	☐	Passive finger	☐	Left/Right/Bilateral	

Call or email for quote prior to sending in job.
mmikosz@partialhandsolutions.com or (860) 538-5532

Three easy steps

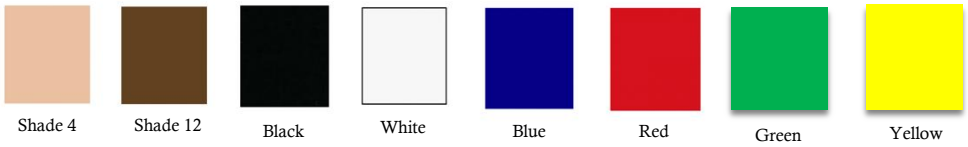
1. Choose silicone color





Circle fingers to be fabricated.

2. Choose frame base color



PHS no longer provides hydrographic services

3. Order devices through College Park at orders@college-park.com or Hanger Clinic orders through Coupa (please reference patient name when ordering)

Ship cast and work order to:

Partial Hand Solutions
86 Ladyslipper Lane
Southington, CT 06489

PHS warranties fit up to 45 days after delivery to clinic. After 45 days there will be an additional charge if volume changes are necessary.

Additional notes: Patient name:_____ Clinician:_____

Drawings (if necessary)