

Patient name: _____
 Clinician: _____
 Phone number: _____
 Email: _____

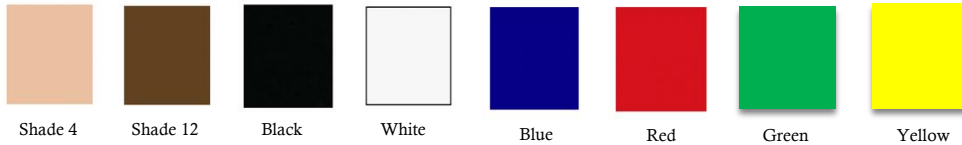
Ship to address: _____

Partial Flex	<input type="checkbox"/>	M-Thumb	<input type="checkbox"/>	Other	<input type="checkbox"/>
Thumb cage	<input type="checkbox"/>	Titan Thumb	<input type="checkbox"/>	_____	
Partial M-Finger	<input type="checkbox"/>	Titan Partial	<input type="checkbox"/>	_____	
M-Finger	<input type="checkbox"/>	Titan Flex	<input type="checkbox"/>	Side	
Ped M-Finger	<input type="checkbox"/>	Passive finger	<input type="checkbox"/>	Left/Right/Bilateral	

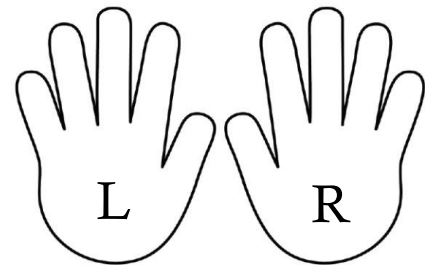
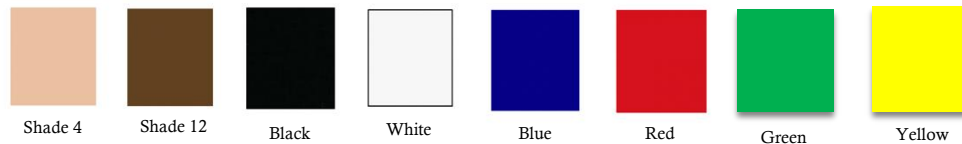
Call or email for quote prior to sending in job.
mmikosz@partialhandsolutions.com or (860) 538-5532

Four easy steps

1. Choose silicone color



2. Choose frame base color



Circle fingers to be fabricated.

3. Optional hydrographics: ***Additional charge for graphics***

Can view graphic options at www.hydrographicfilmsupplies.com

• Hydrographic film name: _____

4. 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

