

Patient name: _____

Clinician: _____

Phone number: _____

Email: _____

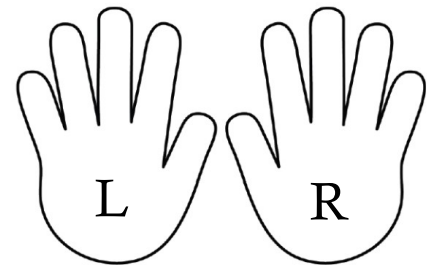
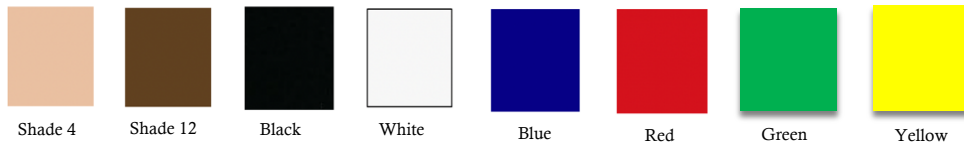
Ship to address: _____

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

| | | | | | |
|------------------|--------------------------|----------------|--------------------------|----------------------|--------------------------|
| 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 | |

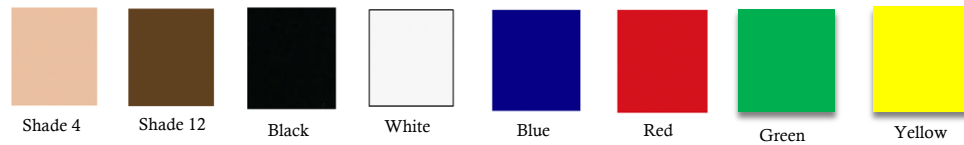
Three easy steps

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

Additional notes: Patient name: _____ Clinician: _____

Drawings (if necessary)

