Partial Hand SOLUTIONS, LLC

Patient name: _____

Clinician: _____

Phone number: _____

Email: _____

Ship to address: _____

_____

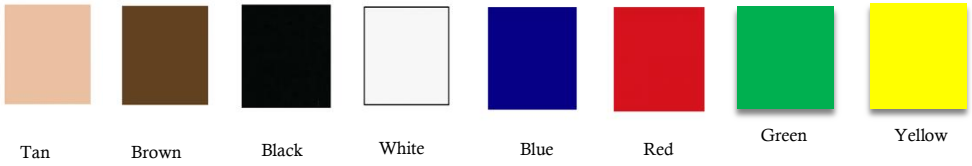
_____

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

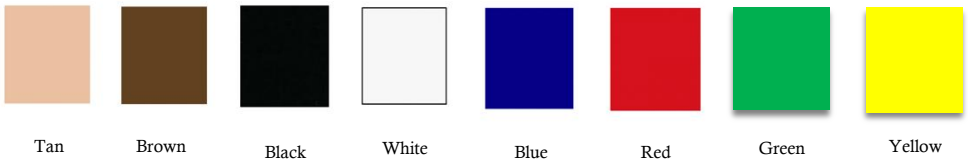
Three easy steps

1. Choose silicone color

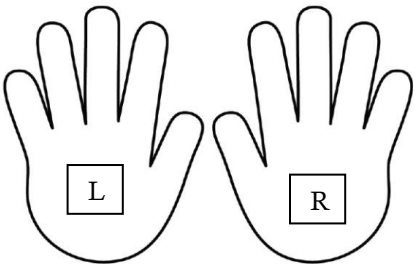


Tan Brown Black White Blue Red Green Yellow

2. Choose frame base color



Tan Brown Black White Blue Red Green Yellow



Circle fingers to be fabricated.

******All silicone impressions should be 3/8 inch thick and free of any holes. Please confirm before sending***

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

For passive fingers and Thumb cage

Measure preferred joint angles for each joint and length from distal end to preferred length. Document in additional notes.

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.

All M-Finger molds should be to cubital fold. Thumb cage, Passive finger, Partial Flex and Partial M-Fingers should include a mold of the entire hand and extend past wrist by two inches. Molds of just the affected finger cannot be used.

Additional notes: Patient name:_____ Clinician:_____

Drawings (if necessary)