



1704 Mathis Road · Greenwood, SC 29649

Information chart for upper extremity items only

Patient's Identification _____
 Age _____ Sex _____ Weight _____ Height _____ Side **L** _____ **R** _____
 Prosthesis: Glove only _____ Glove w/Passive Hand _____ Finger _____ Partial Hand _____
 F-40 _____ F-60 _____ F-70 _____ Bilateral _____ Vinyl _____ Silicone _____
 Customer _____ P.O. No. _____ Cast
 Address _____ Account No. _____
 City, State, Zip _____ Phone No. _____

COLOR DATA

1. **Zipper** No Yes
2. **Color swatch** R-issue # (PVC) _____ K-issue # (Silicone) _____
3. **Palmar color**, if different than dorsal R-issue # (PVC) _____ K-issue # (Silicone) _____
4. **Half Moons** are larger than average _____ smaller _____ average _____ none _____
5. **White Tips** Yes No
6. **Knuckles** are red _____ brown _____ light _____ medium _____ heavy _____
7. **Veins** are prominent _____ average _____ hardly noticeable _____
8. **Freckles** are few _____ many _____ light _____ dark _____ small _____ medium _____ large _____ none _____
9. **Age Spots** are few _____ many _____ light _____ dark _____ small _____ medium _____ large _____ none _____
10. **Color of hair** on dorsal of hand: red _____ blk _____ brn _____ bld _____ light _____ med _____ heavy _____ none _____

Special Instructions: _____

REMEMBER: We cannot see the patient; this information is the only means we have to know what they need. Please be as thorough and accurate as possible with all of your information. We are not responsible for any incorrect information given on these charts. Also, check your casts for accuracy, we use them to match and fit the prostheses.

