



**Finger-Hand Prosthesis RX**  
**Telephone 818.521.1112 | Fax 818.222.6888**  
*Sandra Bross R.N., B.S.N. | Alexandra Souza Anaplastologist*  
Prosthetics@BrossAndAssociates.com  
www.BrossAndAssociates.com

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Patient Phone \_\_\_\_\_ Date of Injury \_\_\_\_\_  
 Diagnosis \_\_\_\_\_

Prosthesis Requested L7499



Full Finger(s)



Partial Finger(s)



Partial Hand



Full Hand

- Prosthetic Evaluation
- Bio Mechanical PIP / MCP / Capacitive Tip
- Exercise EQ \_\_\_\_\_
- Other \_\_\_\_\_
- Season Bronzer
- Silo Digital Pads
- ADL \_\_\_\_\_

Left  Right #  1  2  3  4  5

Special Instructions  Functional Usage  Duplicate Prosthetic

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

The ODG Forearm, Wrist, and Hand section describes the criteria for a fabricated prosthesis as follows: "Prosthesis may be considered medically necessary when: 1. The patient will reach or maintain a defined functional state within the reasonable period of time. 2. The patient is motivated to learn to use a limb. 3. The prosthesis is furnished incident to a physician's services or on a physician's order as a substitute for missing a body part."