

# LN-4 Prosthetic Hand Pre-Registration List

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

(example: Cho Ray Hospital Project, Saigon)

Name of Evaluator/Interviewer: \_\_\_\_\_

LN-4 Recipient Qualifications:

Below elbow, minimum 14 cm residual limb (from tip of elbow), flexible and healed with no pain or sores.

	Name	Contact Information/Address/Phone	R/L: Dominant	Length of residual	Size: S/M/L	Age	Date of loss	Reason for loss
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