

## FINGER AMPUTATION IMPAIRMENT FORM

USE FOR AMPUTATION OF FINGERS ONLY

**FOR DOCTOR ONLY:**

SDCL 62-4-6 requires finger amputation to be based on the point of amputation.

1. Please mark exact location of amputation for each finger affected.
2. If less than the first phalange, please indicate percentage of first phalange amputated for each finger affected.

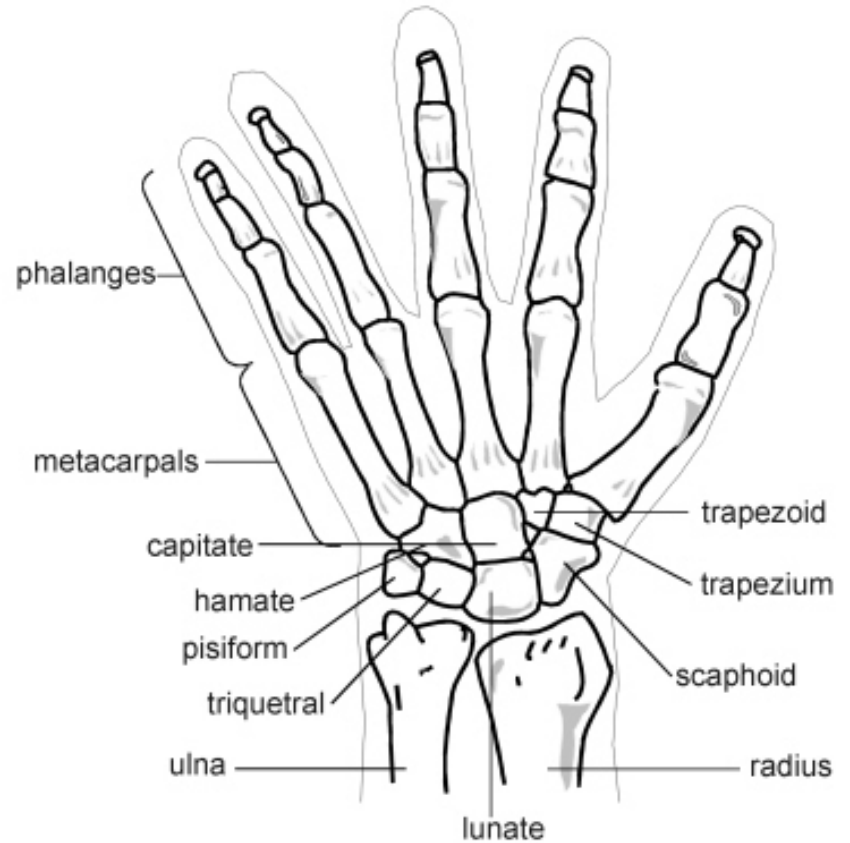
<u>Finger</u>	<u>Percentage of 1st Phalange Amputated</u>
_____	_____
_____	_____
_____	_____

(please circle)      Right Hand    Left Hand

**FOR INSURANCE COMPANY ONLY:**

- Loss of more than one phalange = 100% of scheduled loss
- Loss of one phalange = 50% of scheduled loss
- Loss of less than one phalange = (percent of loss) x (50% of scheduled loss)

**FOR SCHEDULE OF LOSSES SEE SDCL 62-4-6**



**BONES OF THE HAND**

LEFT HAND