



Semi-Custom Made (SCM) Order Form
Model 103 Partial Hand



Company name _____
Email _____ Tel _____ Fax _____
Contact person / Account no. _____ Order date _____ PO no. _____

Disclaimer - Please explain to the patient and ensure the patient understands that:

- 1. It is not possible to fabricate the appearance of the prosthesis exactly same as the sound side.
2. The size of the prosthesis may not match to the sound side, it depends on the condition of the residual limb.
3. The color of our silicone prosthesis may not match to the patient's skin tone and that, please therefore do not expect that the silicone prostheses match the patients' skin tone at all time.
4. The lives of the prosthesis depend on the environment, usage and maintenance.
5. The warranty policy of Regal silicone prosthesis, please refer to Regal catalogue 2015 page 146-147.
6. The leadtime is 14 - 21 working days for Trial Prosthesis, and 14 working days for Final Prosthesis. Delivery time may be affected by the missed or rescheduled appointments, delayed shipment or other causes beyond our control.
Note: The leadtime is counted from the date of complete information is confirmed by Regal
7. The Trial Prosthesis is strictly for the purpose of checking the color and the suitability, not for long term use or re-sell, and should be return to Regal upon requested.

Prosthetist Signature _____ Date _____

Ordering procedure:

- 1. Take applicable external measurements of the patient's sound and residual sides; draw 1:1 outline and enter data into the following pages. Note: If the measurement difference between the order form and the cast is less than 4%, we shall choose the smaller measurements for fabrication. (Refer to Regal Technical Guide 2015 page 4)
2. Using the color sample from Regal, select the color that closely resembles the patient's sound and residual sides and enters into the following pages. (Refer to Regal Technical Guide 2015 page 5)
3. Take photos of the residual and sound sides.
4. Using the photos in the catalogue (2015), select the size that most closely resembles the patient's sound side and enters into the following pages.
Note: The model and size of the final prosthesis depend on the measurement and the size chosen. The size of the final prosthesis may not be the same as the size chosen in this order form. (Refer to Regal Catalogue 2015 page 54 - 99)
5. Cast the sound and residual sides in the preferred natural position.
Positive cast is normally larger than the actual residual limb, it is essential that the cast dimension matches the actual residual limb dimension1,2.
Note 1: The data accuracy determines the number of trial fitting which in turns the total leadtime of the final prosthesis.
Note 2: The prosthesis' interior custom filling will be made according to the modified cast. Thus, the cast dimension must reflect the actual residual limb dimension. (Refer to Regal Technical Guide 2015 page 6-7)
6. Mark casts with the patient name, APML alignment, wrist position and sensitive area.
7. Securely wrap the cast before sending out. As casts can be broken easily during transportation.



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Model 103 Partial Hand**

S1

Patient name _____ Age _____ Sex _____ Occupation _____

Patient contact number / E-mail _____

Side and Level of amputation _____

Note 1: If the residual limb still swelling, the prosthesis may not fit the residual limb after the swelling is gone.

Note 2: Avoid wearing the prosthesis while there are unhealed cuts or sores on the residual limb, and the prosthesis should only be worn after the cuts or sores are completely healed.

Note 3: If the residual limb is sensitive, please modify the cast to relieve the sensitive area.

Model 103 Partial Hand			Regal Catalogue 2015 page	Order Code	Enter Code
Basic Specification	Models	Partial Hand	49	103	
	Gender, Size	please refer to catalogue 2015 page 54 -99			
	Side	Left / Right		L / R	
	Color - Single	use color sample from Regal			
	SCM	Semi-Custom Made	7	SCM	SCM
Options: Aesthetics and Surface Enhancement	Color	Dual Coloring (e.g. D3 - P2)	14	D / P	
		Custom Coloring (color sample is required)		CC	
	Nails, Hairs	X Series	16	X	
		- Hair Dimension (2D, 3D)		2D / 3D	
		- Hair Color (Brown-Black, Brown, Black)		BB / BR / BL	
		Acrylic Nails	17	ACRN	
	Smooth Coating	19	SC		
Options: Structural Changes	Custom Filling	- Foam, Silicone, Foam and Silicone	21	F / S / F+S	
	Fingers Construction	Wired Fingers / Hinged Fingers	23	W / HF	
	Zipper	Plastic Zipper (Default) / No Zipper (NZ)	25	NZ	
Any special trimming requirement ? (If yes, please ensure to mark the trim line.)				YES / NO	
Is residual finger(s) bendable ? (If yes, please specify which finger(s): _____)				YES / NO	
Is the thenar movable ?				YES / NO	
Cut out the prosthesis finger(s) to enhance mobility. (Please write down the prosthesis finger(s) to be cut out: _____)				YES / NO	
Return the cast with Final Prosthesis ? (We keep patients' record for 12 months. We shall dispose the records afterwards.)				YES / NO	

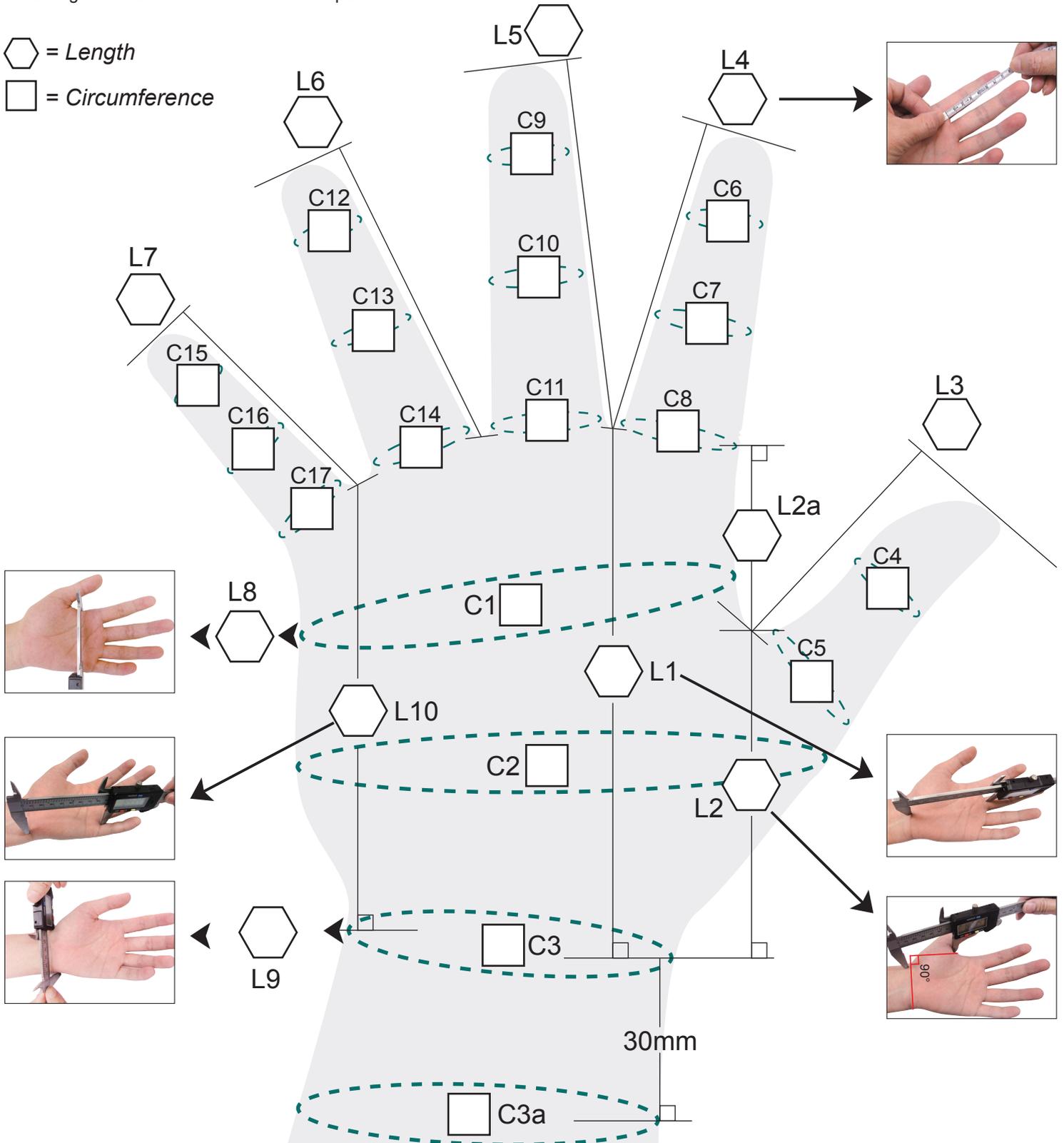
Remark: _____

Guideline for 1:1 Drawing

1. Fill in all the measurements in (mm inch) at the following pages that requested as below.
2. Mark sensitive areas with a "+" (plus sign) on the diagram.
3. The Trial Prosthesis fitting is most successful when the greatest number of measurements are recorded and may be able to make slight modifications to the order form.
4. All lengths should be measured from the palmar side.

= Length

= Circumference



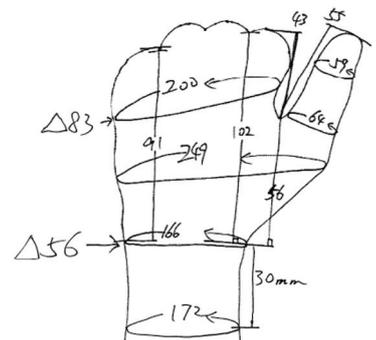
This is an example, please draw the hand outline and write the measurements on the next pages.



Please draw 1:1 outline of the residual side (use separate sheet if necessary) and enter measurements as requested by the guideline on page 3.

Palmar Side Face Down (Residual Side)

Example



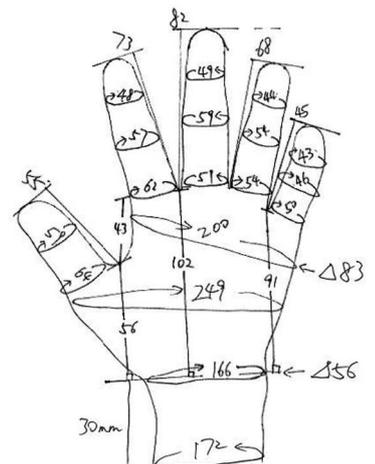
*This information does not replace cast. It should be provided as additional information.



Please draw 1:1 outline of the sound side (use separate sheet if necessary) and enter measurements as requested by the guideline on page 3.

Palmar Side Face Down (Sound Side)

Example



*This information does not replace cast. It should be provided as additional information.