



Semi-Custom Made (SCM) Order Form Model HDSF, HDSF-ER, HDSFHT, HDSFHT-ER Partial Foot



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 v.3.1 page 154-155.
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.
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.

** By sending this order form to Regal Prosthesis Limited, you agree and, where required, consent to the collection, use and transfer of your information as set out in our Privacy Policy.

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.
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.
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.
5. Cast the sound and residual sides in the preferred natural position.
6. Mark casts with the patient name, APML alignment, the position of the medial malleolus, the lateral malleolus and sensitive area.
7. Securely wrap the cast before sending out.



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Model HDSF, HDSF-ER, HDSFHT, HDSFHT-ER Partial Foot



Patient name _____ Age _____ Sex _____ Weight _____
 Patient contact number / E-mail _____ Occupation _____
 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.

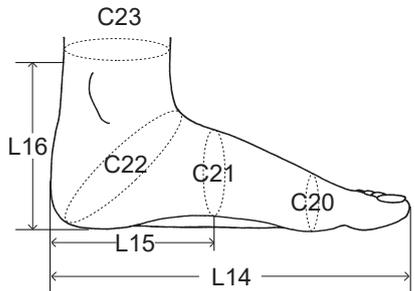
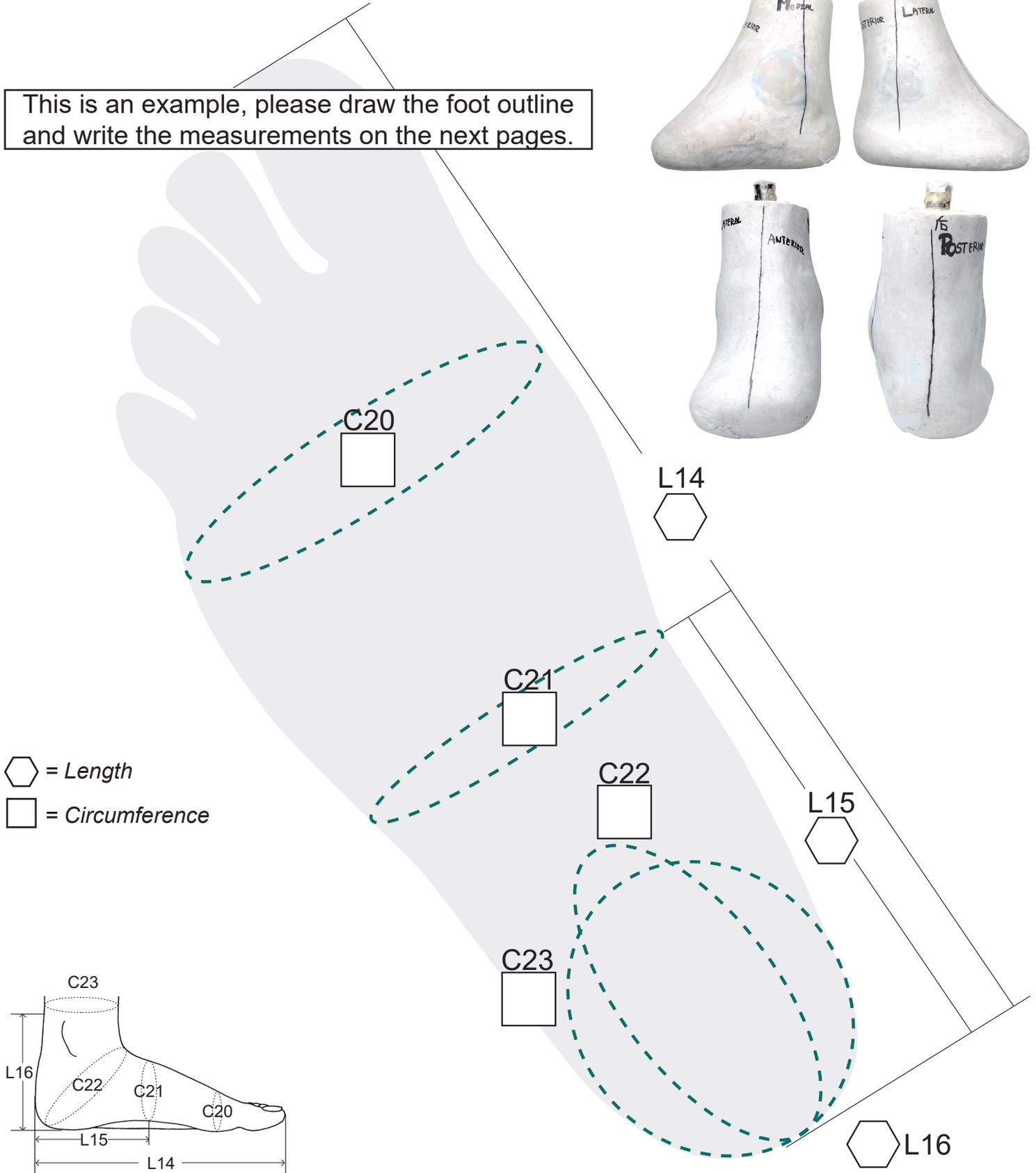
Model HDSF, HDSF-ER, HDSFHT, HDSFHT-ER Partial Foot			Regal Catalogue 2015 v.3.1 page	Order Code	Enter Code
Basic Specification	Models	Standard Model	104-105	HDSF, HDSFHT	
		Footplate Model		HDSF-ER, HDSFHT-ER	
	Size	please refer to catalogue 2015 v.3.1 page 110-137			
	Side	Left / Right		L / R	
	Color - 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	Smooth Coating	19	SC		
Options: Structural Changes	Custom Filling	- Foam, Silicone, Foam and Silicone	21	F / S / F+S	
	Zipper	Plastic Zipper (Default) / No Zipper (NZ)	25	NZ	
Fabricate the foot cover's length 10mm shorter than the sound side to help putting into the shoe easily.				<input type="checkbox"/> YES / NO <input type="checkbox"/>	
Any special trimming requirement? (If yes, please ensure to mark the trim line.)				<input type="checkbox"/> YES / NO <input type="checkbox"/>	
Cut out the prosthesis toe(s) to enhance mobility. (Please write down the prosthesis toe(s) to be cut out: _____)				<input type="checkbox"/> YES / NO <input type="checkbox"/>	
Return the cast with Final Prosthesis ? (Please be informed that we already adopted the 3D scanning technique to keep the data of plaster cast / wax cast, thus the plaster cast / wax cast from customers will be disposed during the fabrication process)				<input type="checkbox"/> YES / NO <input type="checkbox"/>	

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.

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

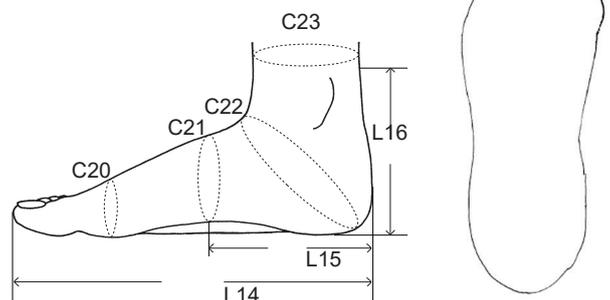




Please draw 1:1 outline of the residual side (use separate sheet if necessary) and enter measurements as requested by the guideline on page 3.

Plantar Side Face Down (Residual Side)

Example



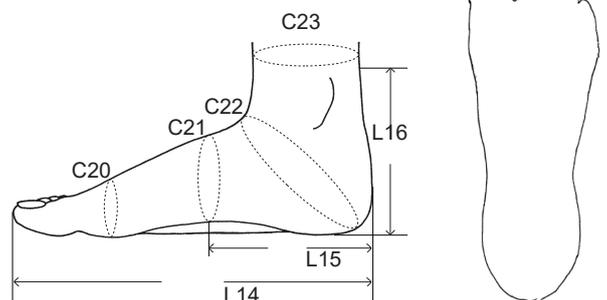
*This information does not replace cast. It should be provided as additional information.



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.

Plantar Side Face Down (Sound Side)

Example



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