



# Regal Prosthesis Ltd.

**Semi-Custom Made (SCM) Trial Modification Form**  
**Model HDSF, HDSF-ER, HDSFHT, HDSFHT-ER Partial Foot**  
**& TOE Series**

TMODE.3.PG.1/2

**TMOD3**

The Trial Prosthesis sent to you is for checking FIT and BASE COLOR only; it does not contain nail and shading details. *Please refer to our Technical Guide 2015, Part 6 Trial Modification (page 22-25) for more information in how to indicate the modification requirements.*

## **Trial Modification Forms (TMOD):**

- TMOD1 : for Model 103 Partial Hand and Model 200 Digits;
- TMOD2 : for Model 101L, 102L, 102LS, 101LL, 102LL, 102LSL Passive Hand and Model SL-29, SL-50 Arm Sleeve;
- TMOD3 : for Model HDSF, HDSF-ER, HDSFHT, HDSFHT-ER Partial Foot and Model TOE Series;
- TMOD4 : for Model BKSL Leg Sleeve;

## **When modification to the Trial Prosthesis IS NOT required:**

- Clearly write "No Modification Needed" at the remark of Trial Modification Form;
- Sign, date and fax or e-mail back to us;
- Once this document is received, the Final Prosthesis will be fabricated according to the approved Trial Prosthesis; it will include nail and shading details;

## **When modification to the Trial Prosthesis IS required:**

1. Record the modifications on the Trial Modification Form.
2. Send the Trial Prosthesis and the Trial Modification Form back to us
  - When changes are minor, you can request that the Final Prosthesis be fabricated with the change indicated;
  - When there are several or major changes that require an additional Trial Prosthesis for fit and/or color, you will receive it at no additional charge within 14 – 21 working days following the confirmation of the receipt of the modified Trial Prosthesis and Trial Modification Form from Regal (*this estimated lead-time may be greater if the information provided is not clear enough for Regal being able to proceed*);

## **Information for the Final Prosthesis:**

- The Final Prosthesis will include nail and shading details;
- All optional features chosen will be added to the Final Prosthesis;
- If you had not previously chosen option(s) in your original order, you can make the change at any time before the Final Prosthesis is fabricated. Please indicate this change on the Trial Modification Form;

## **Warranty and Return Policy:**



- Please refer to our Silicone Cosmetic Prostheses Catalogue 2015 page 146 and 147 for detail information.
- Please make sure you understand and explain to your patients about our Warranty and Return Policy.

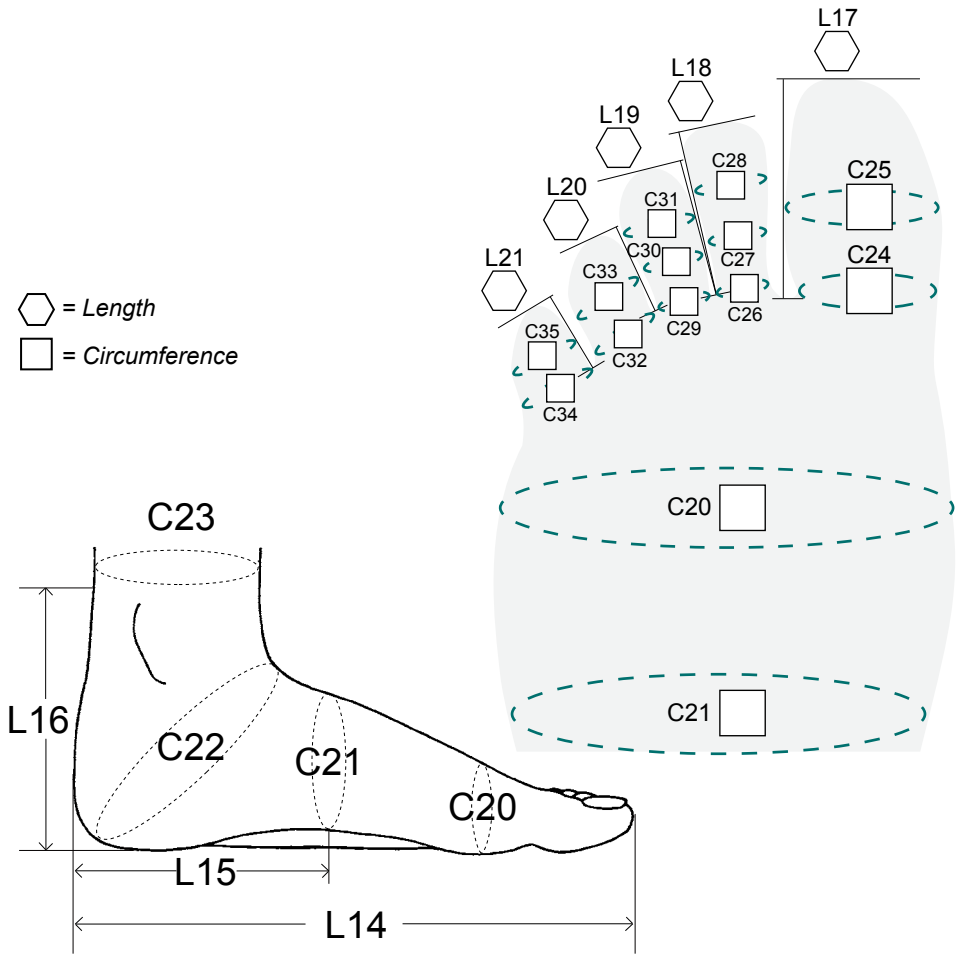
Patient name \_\_\_\_\_ Company name \_\_\_\_\_

P.O. no \_\_\_\_\_ Barcode no. on the trial prosthesis \_\_\_\_\_

- Color:**  Match  
 Change to \_\_\_\_\_
- Filling:**  Fit  
 Modification is required (Please modify the inner foam of the Trial Prosthesis and send the trial back to us)
- Shape:**  Looks fine  
 Modification is required  
 (Please refer to the Technical Guide page 22- 25 “Trial modification” and provide us the data required)
- Size:**  Fit  
 Modification is required (Please fill in the form below and mark the adjustment directly on the trial)

Position (C20-C34, L14-L21)	Adjustment (in mm)

 = Length  
 = Circumference



Remark: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_