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 dimension.
   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.
Regal Prosthesis Ltd.

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

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.

<table>
<thead>
<tr>
<th>Model 103 Partial Hand</th>
<th>Regal Catalogue 2015 page</th>
<th>Order Code</th>
<th>Enter Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Specification</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Models</td>
<td>Partial Hand</td>
<td>49</td>
<td>103</td>
</tr>
<tr>
<td>Gender, Size</td>
<td>please refer to catalogue 2015 page 54 -99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side</td>
<td>Left / Right</td>
<td>L / R</td>
<td></td>
</tr>
<tr>
<td>Color - Single</td>
<td>use color sample from Regal</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SCM</strong></td>
<td>Semi-Custom Made</td>
<td>7</td>
<td>SCM</td>
</tr>
<tr>
<td><strong>Options: Structural Changes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Custom Filling</td>
<td>- Foam, Silicone, Foam and Silicone</td>
<td>21</td>
<td>F / S / F+S</td>
</tr>
<tr>
<td>Fingers Construction</td>
<td>Wired Fingers / Hinged Fingers</td>
<td>23</td>
<td>W / HF</td>
</tr>
<tr>
<td>Zipper</td>
<td>Plastic Zipper (Default) / No Zipper (NZ)</td>
<td>25</td>
<td>NZ</td>
</tr>
</tbody>
</table>

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
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.
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)