



High Definition Silicone Cosmetic Footcover
Order Form

Company name \_\_\_\_\_ Order date \_\_\_\_\_
Contact person \_\_\_\_\_ Your order no. \_\_\_\_\_
Tel \_\_\_\_\_ Fax \_\_\_\_\_
(Patient name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Occupation \_\_\_\_\_ )

Please fill in product code:

Form with checkboxes for X Series, SCM, Trial prosthesis, Final prosthesis, Custom fillings, Foam fillings, Silicone + foam fillings, Custom colorings. Includes fields for Upgrade options, Model, Size, Left/Right, Color, Metal zipper, Plastic zipper, No zipper. Includes notes: \*Custom colorings, please send us color swatch; \*Not all upgrade options are suitable for every models, please check catalogue 2010 before fillings

Others :

Three horizontal lines for additional information.

Checklist:

- Photos were taken and sent (sound and residual side)
Please return cast
Modified cast was sent (sound and residual side)
Unmodified cast was sent (sound and residual side)
\* Cast Modifications: When you modify the cast, you will reduce it 3% on bony areas and 4% on fleshy areas

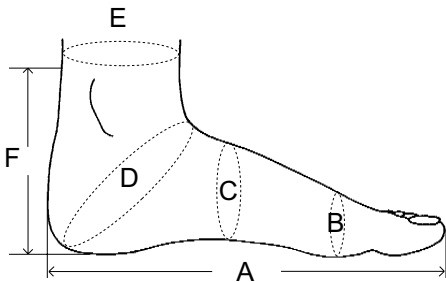
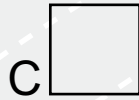
Please fill the form and fax / email to +852 2384 5948 info@regalprosthesis.com

Room 3D, Tower F, Mai Luen Industrial Bldg., 23-31 Kung Yip Street, Kwai Chung, NT, Hong Kong.
Tel: (852) 2771 8991 Fax: (852) 2384 5948 email: info@regalprosthesis.com www.regalprosthesis.com

1. Please draw 1:1 outline of left foot
2. Fill in All measurements (A to F)
3.  mm  inch

△ = length

□ = circumference

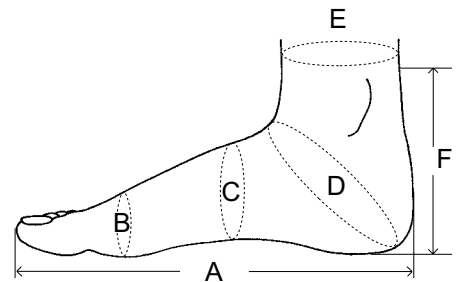
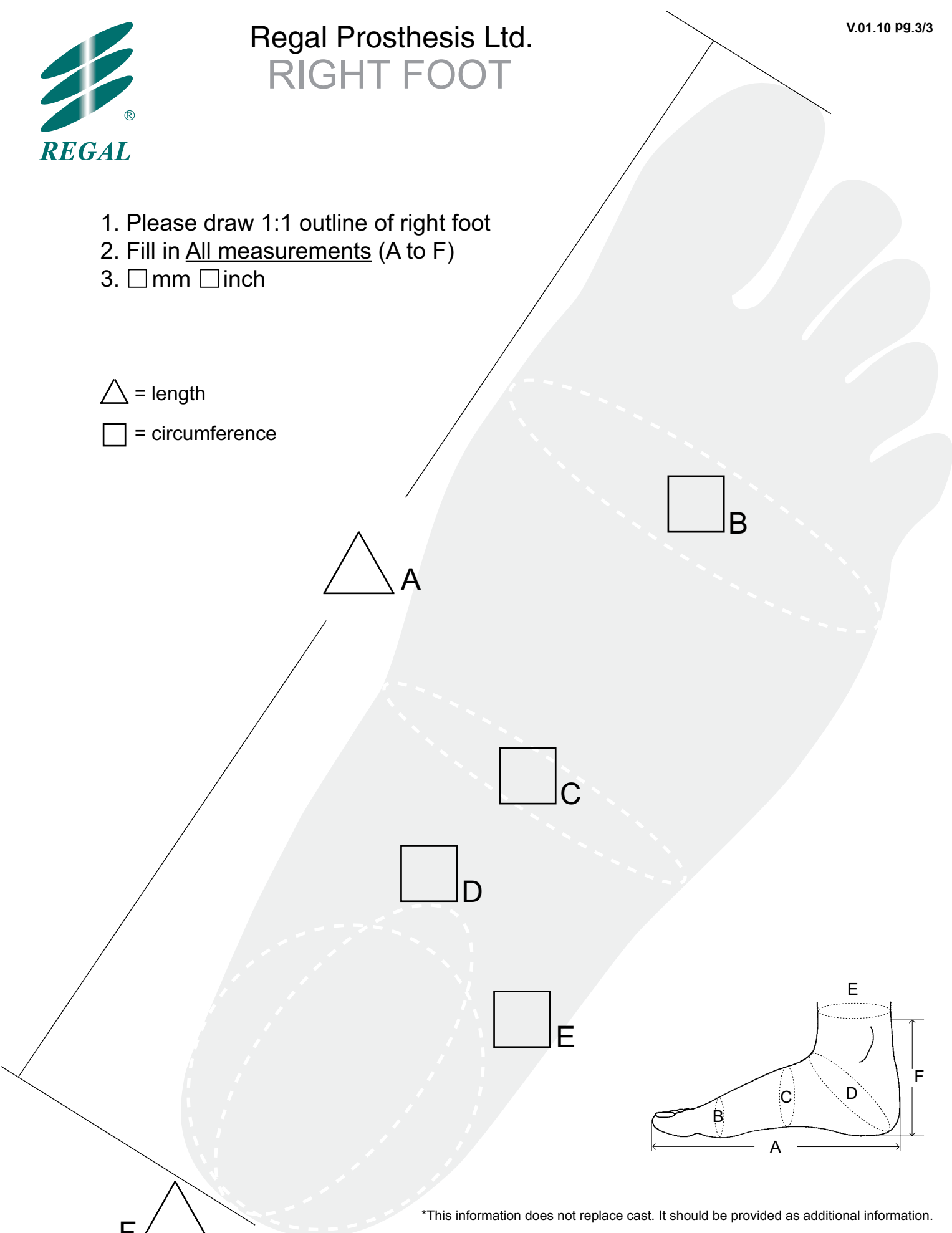


\*This information does not replace cast. It should be provided as additional information.

1. Please draw 1:1 outline of right foot
2. Fill in All measurements (A to F)
3.  mm  inch

△ = length

□ = circumference



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