



High Definition Silicone Cosmetic Gloves
(Semi-Custom Finger & Partial Hand)
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/Final prosthesis, RF, Z, Custom fillings, Custom colorings, and upgrade options. Includes labels for Model, Male/Female, Left/Right, Size, and Color.

Others:

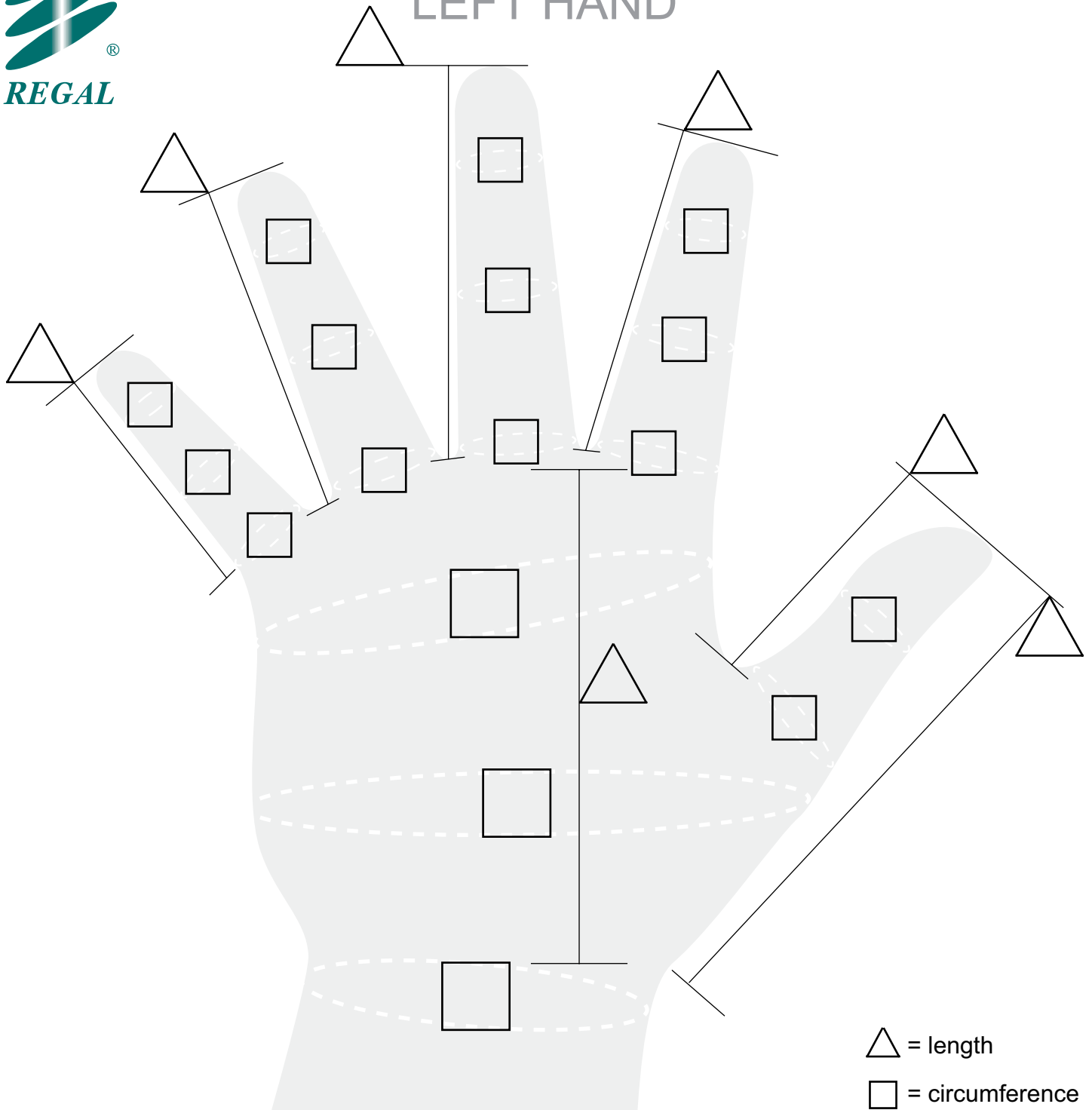
Horizontal lines for additional notes.

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

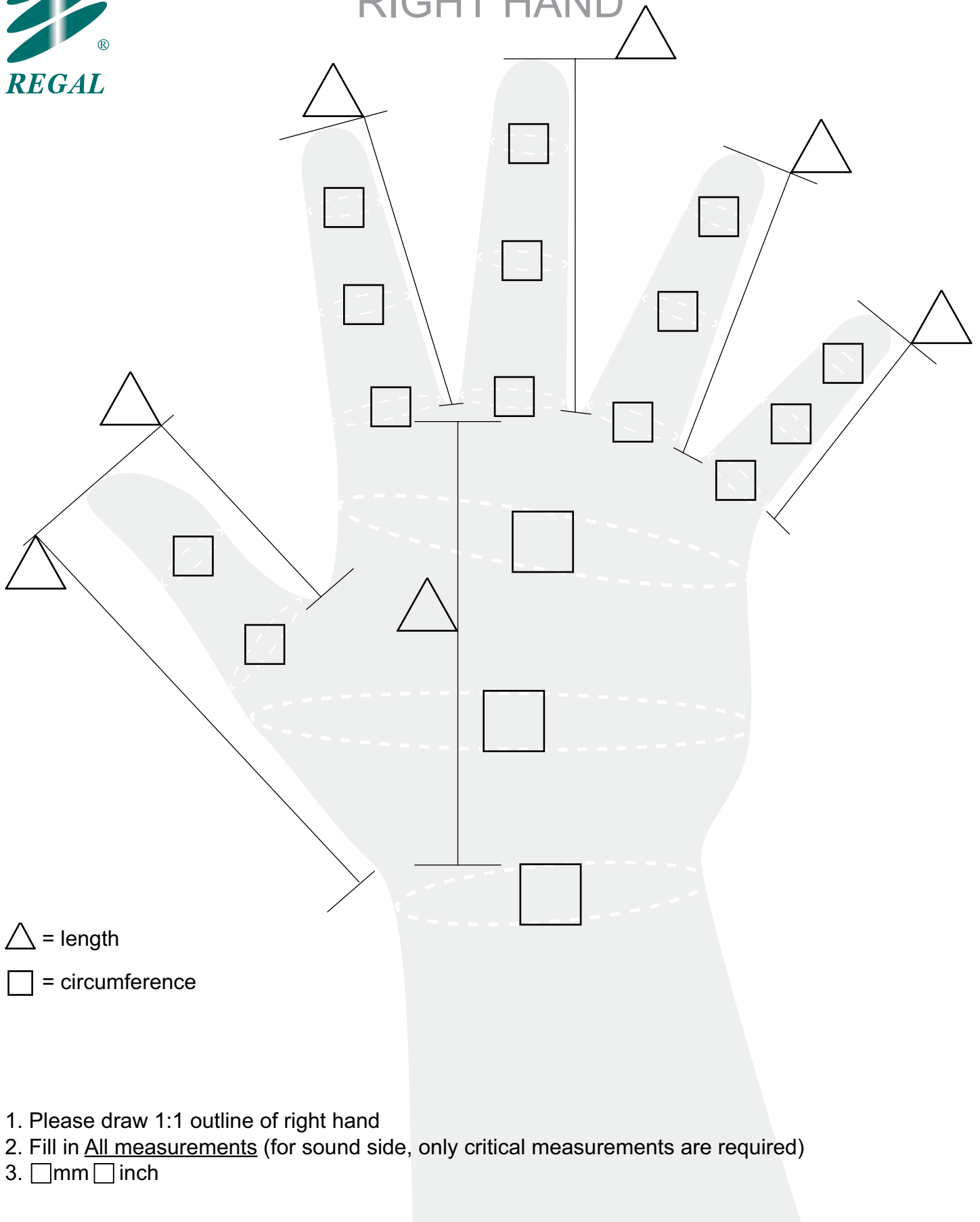
Please fill the form and fax / email to +852 2384 5948 info@regalprosthesis.com

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 hand
2. Fill in All measurements (for sound side, only critical measurements are required)
3. □mm □ inch

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



△ = length

□ = circumference

1. Please draw 1:1 outline of right hand
2. Fill in All measurements (for sound side, only critical measurements are required)
3. □mm □inch

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