



Semi-Custom Made (SCM) Order Form
Model BKSL Leg Sleeve



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 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.
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.
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 and sensitive area.
7. Securely wrap the cast before sending out. As casts can be broken easily during transportation.



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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.

Model BKSL Leg Sleeve			Regal Catalogue 2015 page	Order Code	Enter Code
Basic Specification	Models	Leg Sleeve	132	BKSL	
	Size	Large / Medium		L / M	
	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	
	Smooth Coating	Smooth Coating	19	SC	
Options: Structural Changes	Custom Filling	- Foam	21	F	
	Zipper	Plastic Zipper	25	PZ	
	Glue To Socket	Glue To Socket (please send us the socket)	25	GTS	
Any special trimming requirement ? (If yes, please ensure to mark the trim line.)				YES / NO	
Return the cast with Final Prosthesis ? (We keep patients' record for 12 months. We shall dispose the records afterwards.)				YES / NO	

Remark: _____

