



Regal Prosthesis Ltd.

Semi-Custom Made (SCM) Trial Modification Form

Model HDSF, HDSF-ER, HDSFHT, HDSFHT-ER Partial Foot & TOE Series



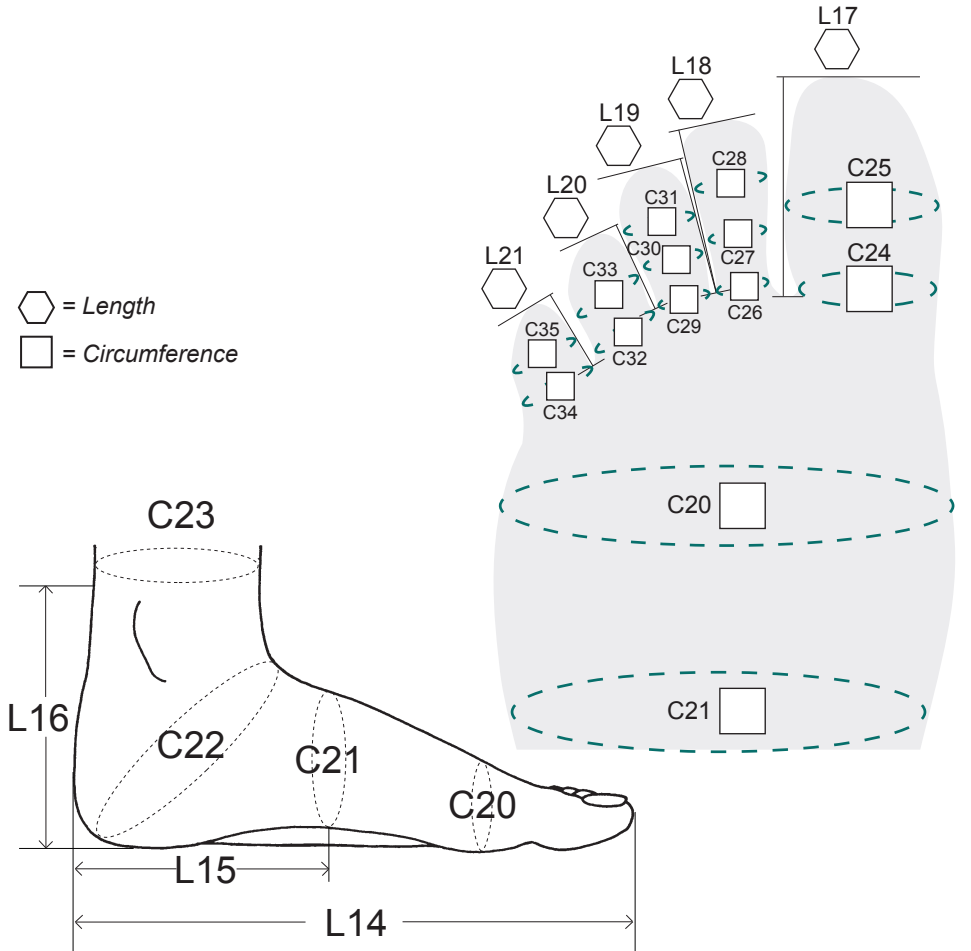
Patient name _____ Company name _____

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- 26 "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: _____

