

## Regal Prosthesis Ltd.

Semi-Custom Made (SCM) Trial Modification Form For Model 103 Partial Hand and Model 200 Digits



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Patient r	name	Company name		
P.O. no		Barcode no. on the trial prosthesis		
Color:		Match		
	$\Box$	Change to		
Filling:		Fit		
		Modification is required (Please modify the inner foam of the Trial Prosthesis and send the trial back to us)		
Shape:	$\Box$	Looks fine		
		Modification is required (Please refer to the Technical Guide page 22- 26 "Trial modification" and provide us the data required)		
Size:	$\square$	Fit		
		Modification is required (Please fill in the form below and mark the adjustment directly on the trial)		

Position (C1-C17, L1-L10)	Adjustment (in mm)	
		$C_{16}$ $C_{14}$ $C_{11}$ $C_{16}$ $C_{14}$ $C$
		30mm
		$\bigcirc = Length$

Remark: \_

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Website: www.regalprosthesis.com

Your reliable partner

An ISO13485:2016 and ISO9001:2015 certified company

REGAL PROSTHESIS LTD.