

Regal Prosthesis Ltd.
Semi-Custom Made (SCM) Trial Modification Form
Model 101L,102L,102LS,101LL,102LL,102LSL,SL-29,SL-50
Wrist or Above Wrist Disarticulation & Arm Sleeve



Patient r	name		Company name		
P.O. no				trial prosthesis	
Color:	Matc	h nge to			
Filling:	Fit		(Please modify the inner foam of the	—— ne Trial Prosthesis and send th	ue trial back to us)
Shape:	\square	s fine fication is required ase refer to the Tecl	hnical Guide page 22- 26 "Trial mo	dification" and provide us the d	data required)
Size:	Fit		(Please fill in the form below and n		
	sition 9, L1-L13)	Adjustment (in mm)	L6 C12 C12 C13 C14 C14 C14 C11 C10 C12 C13 C14 C14 C11 C15 C16 C17 C17 C17 C17 C17 C17 C17	$ \begin{array}{c} $	C3a 30mm 30mm C3c 30mm 30mm C3d 30mm C3f 30mm 30mm C18b 30mm C19 30mm 30mm 30mm 30mm 30mm 30mm 30mm 30m