

# Order Form Custom Made Regal Gloves

Customer:

Date & Ordered by:

Phone./ Fax.

E-mail:

Patient name / ID No:

Date of Birth:

Fillauer PO#

Male     Female     Child

Right stump     Left Stump

Size:

Color:

Hand fillings:

Foam only     Foam and silicone

Zipper:

Metal     Plastic     No zipper

Comments:

1. Take applicable external measurements of patient's sound and residual hand, enter the data in picture below
2. Cast the sound and residual hands in a neutral position
3. Before making modifications, verify that the measurements of the positive cast corresponds to those of the Justification limb. Make changes if necessary.
4. Modify the cast on the residual side, indicating any specific changes and concerns directly on the cast
  - a. Reduce by 3% on bony areas
  - b. Reduce by 4-5% on fleshy areas

Note: the prosthesis interior custom-shaped filling will be made according to the modified cast

5. Take photos of residual and sound sides
6. Mark the casts with the patient name or identification number.

