



# RESIDUAL LIMB ADAPTED DEVICES

**ORDERING PACKAGE**  
*Partial Foot Devices*

 **REGAL<sup>®</sup>**

**Distributed in North America By**



United States



Canada



R1



RLA

## HOW TO ORDER

- The delivery process of a prosthesis will require the production of a trial prosthesis to assure the best possible fit and color(s)
- The trial prosthesis will be sent for approval (using the appropriate form) before the definitive prosthesis will be produced and shipped
- It is critical to supply all the required information for the timely and accurate delivery of the prosthesis

**MODEL**

Select model, color(s) and other options of the prosthesis that fits the need of your patient.

**FORMS**

Fill out the forms for the appropriate prosthesis (see page 3,) including style, options and dimensions of both **residual limb** and **sound side**.

**CAST**

Create a positive cast of the **residual limb** and **sound side**. Mark the cast with patient's name or ID number and date.

**PHOTOS**

Take photos of both the patient's **residual limb** and **sound side** (anterior, posterior, lateral and medial.)

**VERIFY**

Verify that each cast corresponds accurately to the measurements recorded on the forms

**MODIFICATIONS**

Modify the **residual limb** cast as follows:

- Reduce 3% for bony areas.
- Reduce 4–5% on fleshy areas

**RECEIVE TRIAL**

Receive and fit the trial prosthesis on the patient, then determine if it is **approved** or **revisions are needed**

**SEND**

Send all materials (**marked casts**, **forms** and **photos**) to your Regal Prosthetics distributor (**Cascade Orthopedic Supply or OrtoPed**). In instances of modifications, please return all material **within 45 days**.

If trial prosthesis  
is **approved**

If trial prosthesis  
**requires revision**

**TRIAL MODIFICATIONS**

- **Fill out** the "Trial Prosthesis Modification Form" for the appropriate prosthesis (**R2**) with the necessary revisions
- **Mark** the revision instructions directly on the trial prosthesis
- **Indicate** if the next device you want to be produced will be the "**definitive prosthesis**" or "**another trial prosthesis**"

**CONFIRMATION**

- Contact your Regal Prosthetics distributor (**Cascade Orthopedic Supply or OrtoPed**) **within 45 days** that the definitive prosthesis can be created
- **Return** the trial prosthesis to your Regal Prosthetics distributor (**Cascade Orthopedic Supply or OrtoPed**)

**DELIVERY**

Wait 21 to 28 days from time of confirmation for receipt of definitive prosthesis.



TELEPHONE

1.800.363.8726

FAX

1.800.663.8817

E-MAIL

sales@ortoped.ca

WEB

www.ortoped.ca

CLINIC: \_\_\_\_\_

DATE: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PO NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ACCOUNT: \_\_\_\_\_

### Patient Information:

PATIENT: \_\_\_\_\_

AGE: \_\_\_\_\_

GENDER: \_\_\_\_\_

### Please Select the Desired Residual Limb Adapted Device Model:

UPPER EXTREMITY					LOWER EXTREMITY											
<b>DGT</b> CONNECTED FINGERS <b>200C</b> 4 FINGERS <b>200C3</b> A B 3 FING. <b>200C2</b> A B C 2 FINGERS INDIVIDUAL FINGERS <b>20</b> 1 2 3 4 5					<b>PASV</b> <b>103</b> PARTIAL HAND		<b>ARM</b> <b>SL29</b> 29CM ARM <b>SL50</b> 50CM ARM		<b>LEG</b> <b>BKSL-M</b> MED. LEG <b>BKSL-L</b> LARGE LEG		<b>FOOT</b> STANDARD <input type="checkbox"/> <b>HDSF</b> REG. <input type="checkbox"/> <b>HDSFHT</b> HI-TOP ENERGY RETURN <input type="checkbox"/> <b>HDSF-ER</b> 08 10 REG. <input type="checkbox"/> <b>HDSFHT-ER</b> 08 10 HI-TOP			<b>TOE</b> CONNECTED TOES <b>300C3</b> A B C D E F G H 3 TOES <b>300C2</b> A B C D E F G H I J 2 TOES INDIVIDUAL TOES <b>30</b> 1 2 3 4 5		

DEVICE SPECIFICS	
PLEASE SELECT SPECIFICS OF THE DEVICE	
<b>SIDE</b>	<b>WRITE HAND STYLE OR FOOT SIZE</b>
<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
<b>DEVICE FILLING</b>	<input type="checkbox"/> FOAM <input type="checkbox"/> SILICONE <input type="checkbox"/> SILICONE AND FOAM

COLOR			
<b>SINGLE COLOR</b>	ENTER COLOR FROM COLOR SWATCH	<b>CODE</b>	<b>ENTER COLOR</b>
		1-C5	
OR IF DUAL COLOR IS REQUESTED			
<b>DUAL COLOR</b>	SELECT DUAL COLOR AND ENTER COLORS FROM COLOR SWATCH	<b>DUAL COLOR</b>	<input type="checkbox"/>
		DORSAL COLOR	
		PALMAR COLOR	

OPTIONS					
PLEASE SELECT OPTIONS FOR THE DEVICE				<b>CODE</b>	
<b>AESTHETICS</b>	<b>NAILS</b>	LIFELIKE APPEARANCE		<b>XS</b>	<input type="checkbox"/>
		ACRYLIC		<b>AN</b>	<input type="checkbox"/>
	<b>LIFELIKE COLORING</b>		KNUCKLES & JOINTS	<b>SS</b>	<input type="checkbox"/>
	<b>HAIRS</b>	HAIR DIMENSION	2D	<b>2D-</b>	<input type="checkbox"/>
			3D	<b>3D-</b>	<input type="checkbox"/>
COLOR		BLACK	<b>HAIR-BL</b>	<input type="checkbox"/>	
		BROWN	<b>HAIR-BR</b>	<input type="checkbox"/>	
		BLACK & BROWN	<b>HAIR-BB</b>	<input type="checkbox"/>	
<b>SMOOTH COATING</b>				<b>SM</b>	<input type="checkbox"/>
<b>STRUCTURAL</b>	<b>FINGERS</b>	WIRED		<b>W</b>	<input type="checkbox"/>
		HINGED		<b>H</b>	<input type="checkbox"/>
		REINFORCED TIPS		<b>RF</b>	<input type="checkbox"/>
	<b>FINGER BEND</b>	STRAIGHT		<b>B1</b>	<input type="checkbox"/>
		STANDARD BEND		<b>B2</b>	<input type="checkbox"/>
EXTRA BEND		<b>B3</b>	<input type="checkbox"/>		
<b>ZIPPER</b>		NO ZIPPER (WHERE APPLICABLE)		<b>NO ZIPPER-RG</b>	<input type="checkbox"/>
<b>MISC.</b>	<b>GLUED TO SOCKET</b>		<b>REG-GS</b>		<input type="checkbox"/>
	<b>EXPEDITED PRODUCTION</b>		<b>RUSH-REG</b>		<input type="checkbox"/>



**R1**



**ORDER FORM**

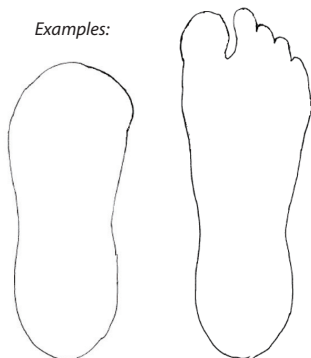


Please draw 1:1 outline of right foot  
with plantar side face down.

**PLANTAR SIDE  
FACE DOWN**

## Right Foot

*Examples:*



1 Please draw 1:1 outline of the left foot, on Page 4.

2 Fill in all the measurements (in mm) that are relevant to the patient's foot (sound or residual).

*The trial prosthesis fitting is most successful when the greatest number of measurements are recorded (Regal may be able to make slight modifications to the silicone prosthesis).*

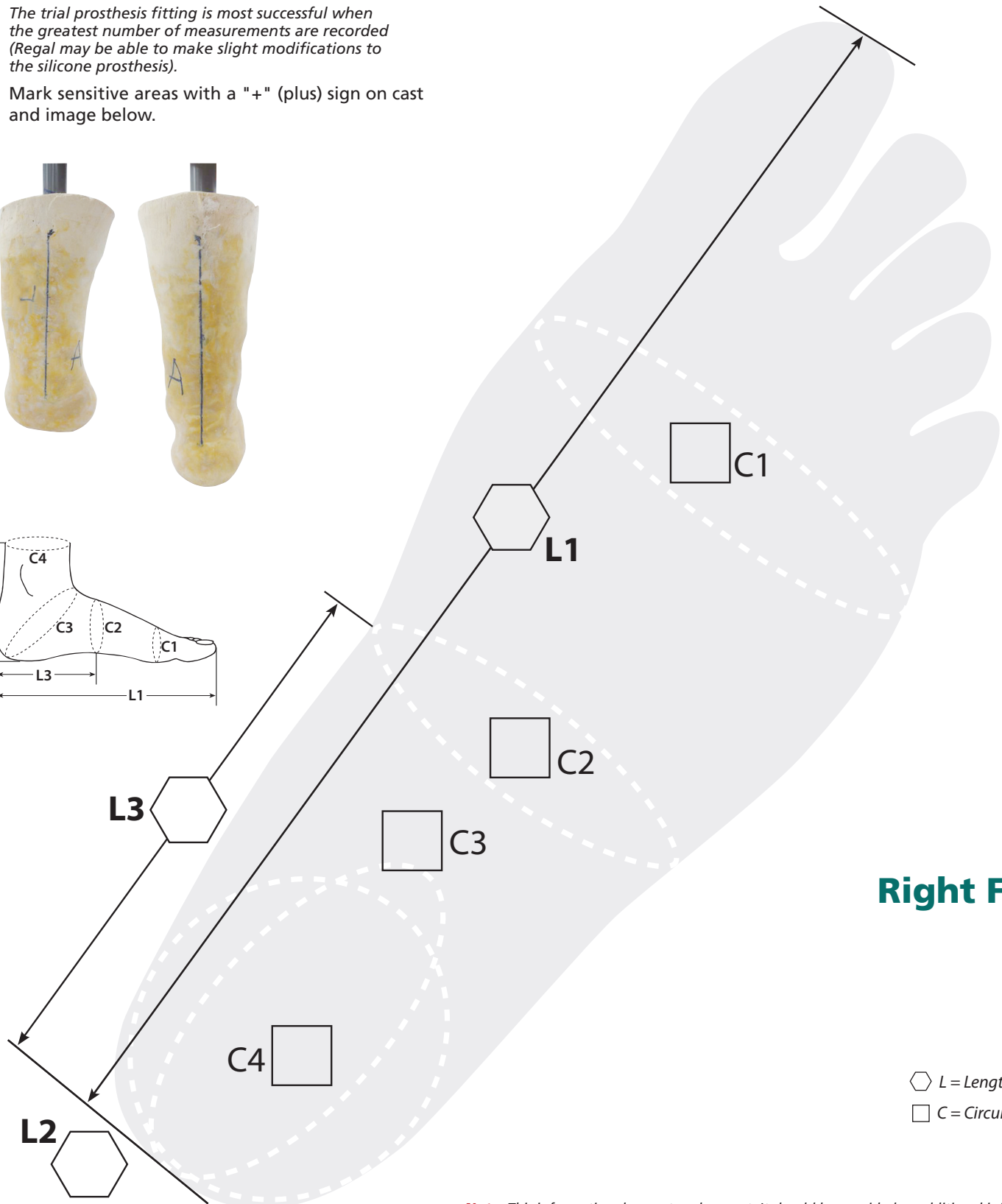
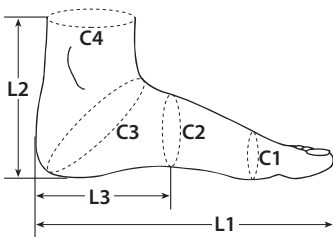
3 Mark sensitive areas with a "+" (plus) sign on cast and image below.

### ORDER FORM

FOOT

✓  
RLA

R1



Right Foot

⬡ L = Length  
□ C = Circumference

**Note:** This information does not replace cast. It should be provided as additional information.

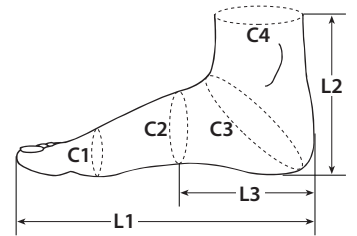
**R1**



**FOOT**

**ORDER FORM**

- 1 Please draw 1:1 outline of the left foot, on Page 7.
- 2 Fill in all the measurements (in mm) that are relevant to the patient's foot (sound or residual).  
*The trial prosthesis fitting is most successful when the greatest number of measurements are recorded (Regal may be able to make slight modifications to the silicone prosthesis).*
- 3 Mark sensitive areas with a "+" (plus) sign on cast and image below.



## Left Foot

⬡ L = Length

□ C = Circumference



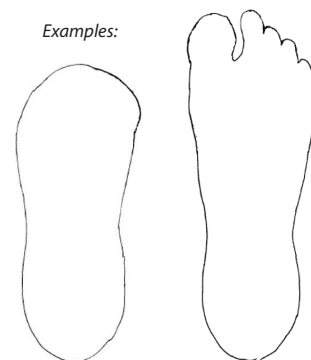
**Note:** This information does not replace cast. It should be provided as additional information.



Please draw 1:1 outline of left foot with  
plantar side face down.

**ORDER FORM****FOOT****R1**

# PLANTAR SIDE FACE DOWN

**Left Foot***Examples:*



## Disclaimer

**Please note** that the color selected for the patient's Regal high definition silicone Residual Limb Adapted (RLA) device is; 1) the closest match to the patient's skin tone and that it may not match exactly on the definitive device; 2) dual color of the patient's silicone device may vary slightly from the color swatch they were shown. It will need to be explained to the patient that their natural skin tone may change with the different seasons; therefore they should not expect their Regal high definition silicone device to match his/her skin tone at all times.

It should also be explained to the patient that the delivery date of these silicone RLA devices may vary, especially if multiple trial devices are required to ensure the best possible final fit and outcome. Each trial device requires approximately 3 weeks delivery time, plus any other delay that may occur due to missing measurements or information required from their prosthetist, missed or rescheduled appointments, delayed shipments or other causes beyond our control.

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Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation may not apply to the end-user or original purchaser.

## Terms of Purchase

**PLEASE NOTE:** Cascade Orthopedic Supply Inc. or any of its subsidiaries reserve the right to update or amend these terms and conditions of this "Terms of Sale and Policies" at any time without prior notice.

## HOW TO ORDER

- Orders can be placed with your local Regal Prosthetics distributor by telephone, fax, e-mail, online or ship the order form(s) with casts.
- Please use item numbers or item descriptions on all orders to ensure accuracy.

## NEW ACCOUNTS

Please contact your Regal Prosthetics for further information.

## PAYMENT TERMS

Please contact your Regal Prosthetics for further information.

## PRICING

Please contact your Regal Prosthetics for further information.

- Prices are subject to changes without notice.
- These prices do not include any applicable sales taxes or duties.
- Shipments will be sent prepaid and freight charges will be added to the invoice.
- Standard freight charges do not include insurance.

## ORDER CANCELLATIONS

Orders can be cancelled within **48 hours** of submission without penalty.

Orders cancelled after a first trial prosthesis are subject to a charge of 50% of the original order amount, when the trial prosthesis is returned. **If the trial prosthesis is not returned within 30 days, the full amount of the original order will be invoiced.**



## SERVICE CHARGES

Please contact your Regal Prosthetics for further information.

## RETURNS

- Definitive prostheses are specifically **not** returnable.
- Freight charges for the original shipment remain the responsibility of the customer unless the error is due to an incorrectly shipped item.
- Please inspect all orders immediately upon receipt. Contact your local Regal Prosthetics distributor within five (5) business days in the event of errors or damage.

## REPRESENTATION

Cascade Orthopedic Supply, Inc. and OrtoPed ULC make a specific representation to the effect that the Regal Residual Limb Adapted Prostheses are **not** custom made products. It is the responsibility of the practitioner and/or patient care facility submitting any reimbursement claims to determine and submit the correct coding within all established rules and guidelines.

**REGAL**  
HIGH-DEFINITION SILICONE  
ANATOMICAL COVERS

