





RESIDUAL LIMB ADAPTED DEVICES ORDERING PACKAGE



REGAL®

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Distributed in North America By


Cascade
The Largest Independent
O&P Distributor
United States


OrtoPed
www.ortoped.ca 
Canada

R1



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

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CLINIC: _____
 CONTACT: _____
 EMAIL: _____

DATE: _____
 PO NUMBER: _____
 ACCOUNT: _____

Patient Information:

PATIENT: _____ AGE: _____ GENDER: _____

Please Select the Desired Residual Limb Adapted Device Model:

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

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

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

Please Fill Out the Appropriate Dimension Sheets:

 **DGT** = Pages 4-7
  **FOOT** = Pages 12-15
 **PASV** = Pages 8-11
  **TOE** = Pages 16-19

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

R1



DGT

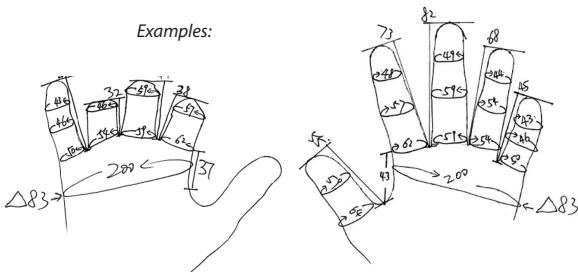
ORDER FORM



Please draw 1:1 outline of right hand with palmar side face down.

PALMAR SIDE FACE DOWN

Examples:



Right Hand



TELEPHONE

1.800.363.8726

FAX

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sales@ortoped.ca

WEB

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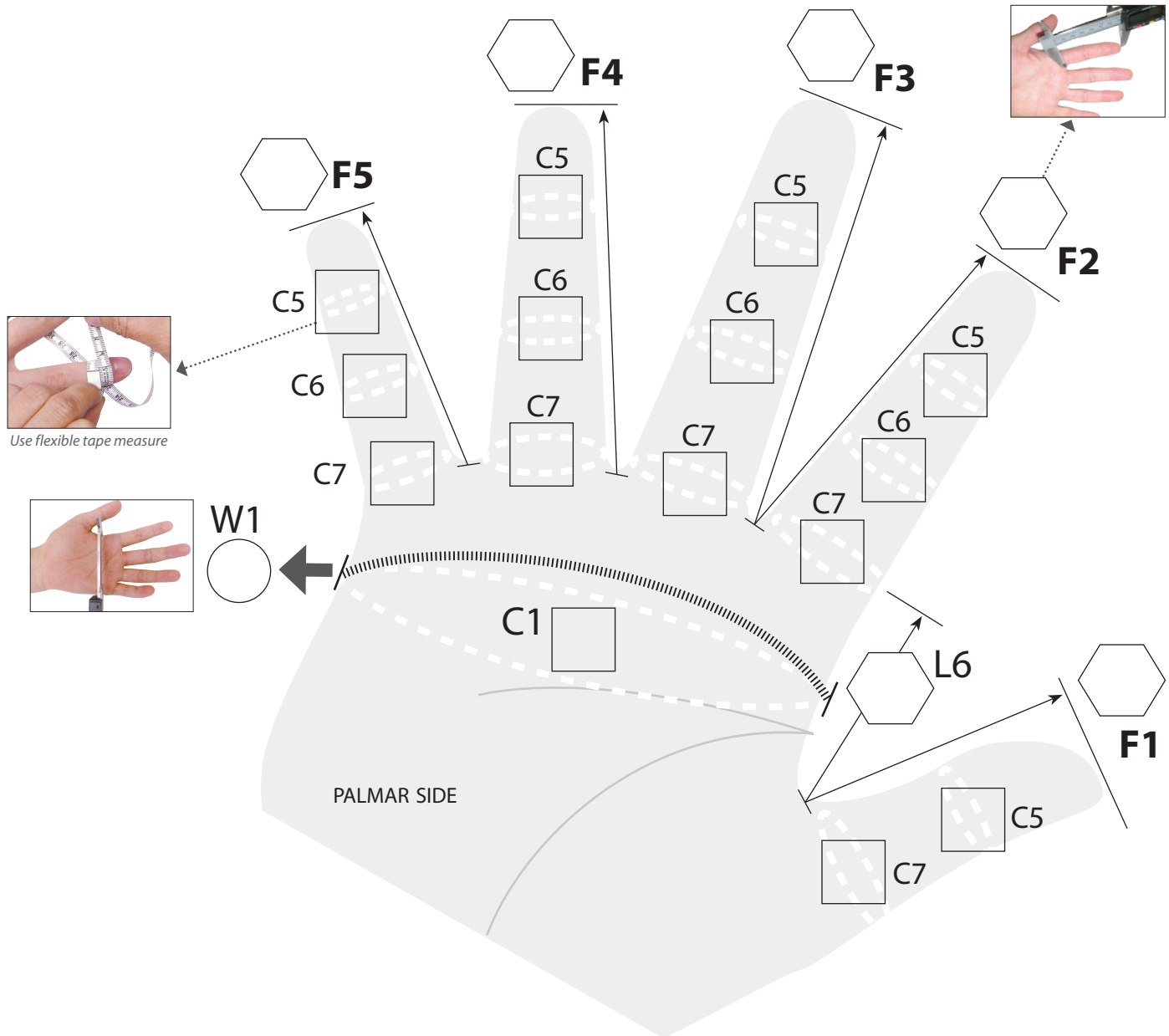
1 Please draw 1:1 outline of the right hand, on Page 3.

2 Fill in all the measurements (in mm) that are relevant to the patient's digits (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).

ORDER FORM DGT



R1



L = Length
 C = Circumference
 W = Width

Right Hand

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

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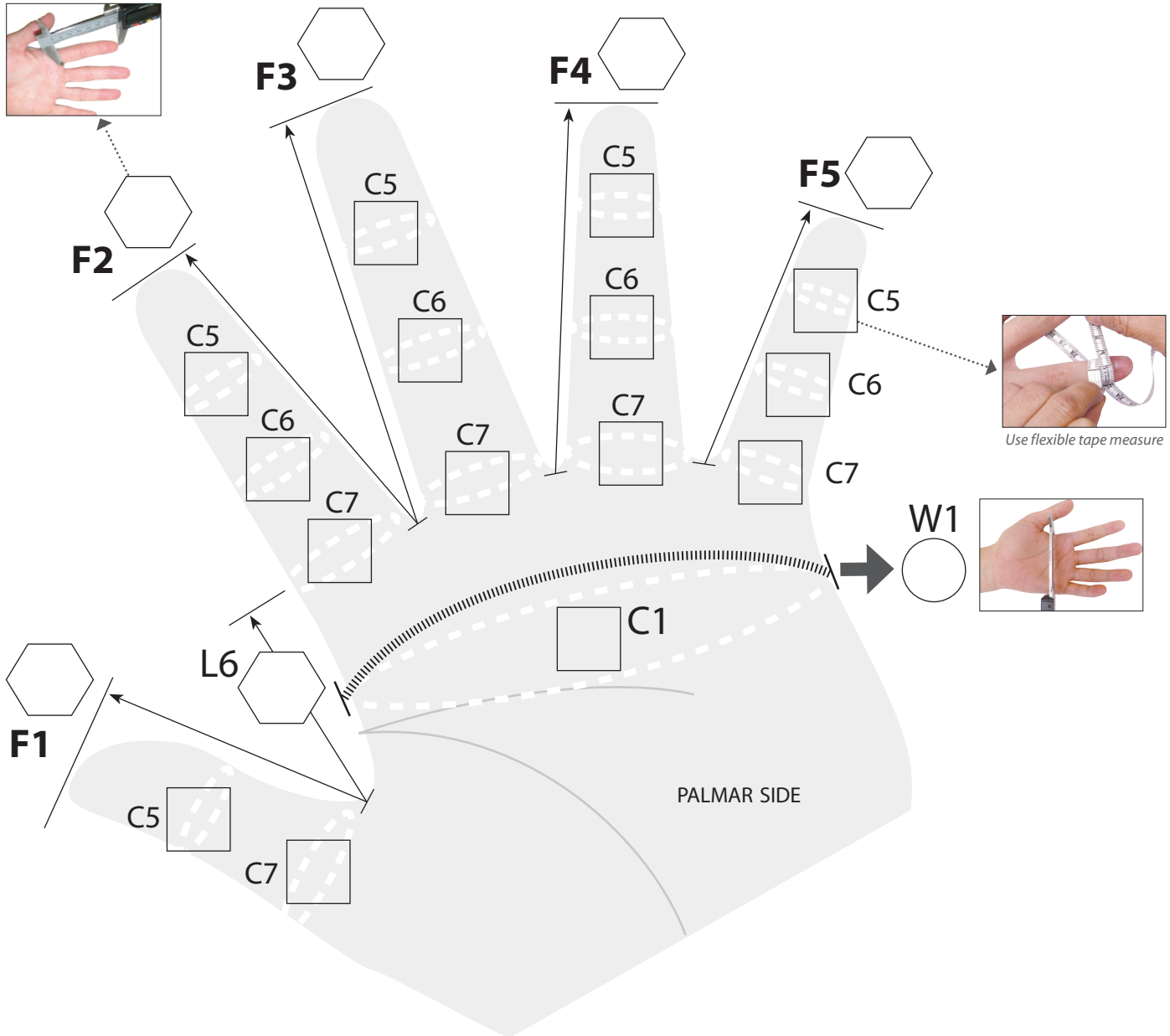
R1



DGT

ORDER FORM

- 1 Please draw 1:1 outline of the left hand, on Page 3.
- 2 Fill in all the measurements (in mm) that are relevant to the patient's digits (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).



⬡ L = Length

□ C = Circumference

○ W = Width

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

Left Hand



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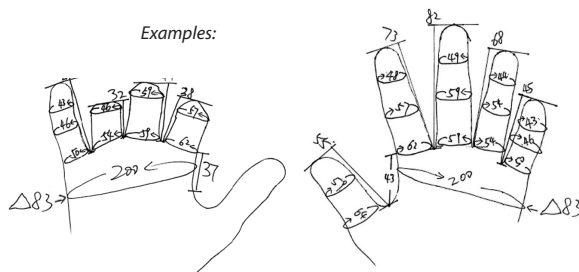
Please draw 1:1 outline of left hand with palmar side face down.

ORDER FORM



R1

Examples:



Left Hand

TELEPHONE

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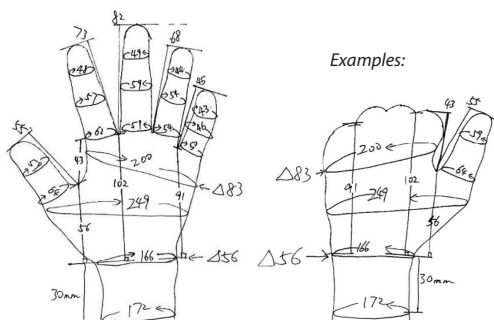
R1



ORDER FORM

➡ Please draw 1:1 outline of right hand with palmar side face down.

PALMAR SIDE FACE DOWN



Right Hand



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1 Please draw 1:1 outline of the right hand, on Page 3.

2 Fill in all the measurements (in mm) that are relevant to the patient's hand (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).

ORDER FORM PASV



R1

Use flexible tape measure

90°

90°

90°

PALMAR SIDE

Legend:
 L = Length
 C = Circumference
 W = Width

Right Hand

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

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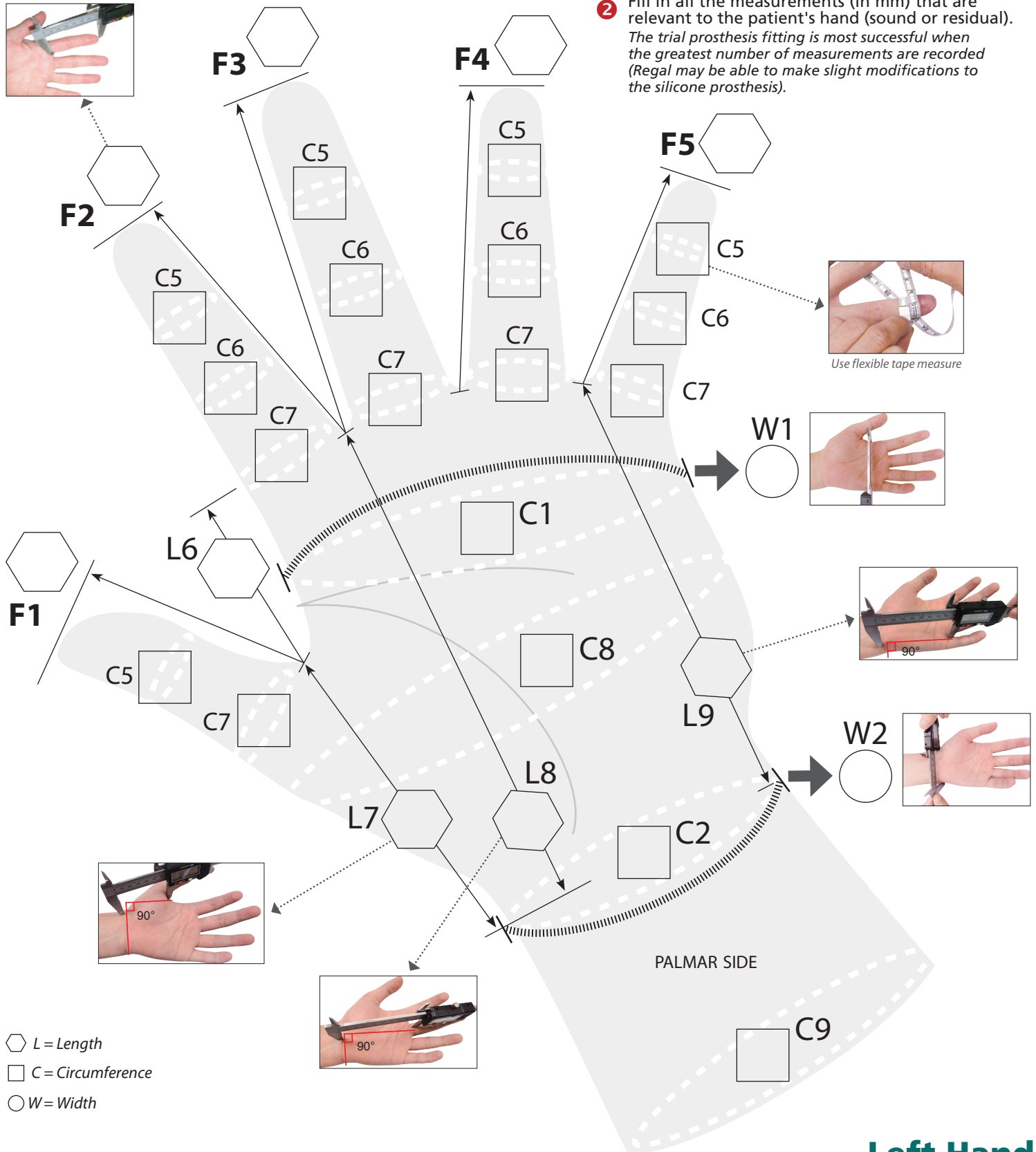
R1



PASV

ORDER FORM

- 1 Please draw 1:1 outline of the left hand, on Page 3.
- 2 Fill in all the measurements (in mm) that are relevant to the patient's hand (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).



Left Hand



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Please draw 1:1 outline of left hand with palmar side face down.

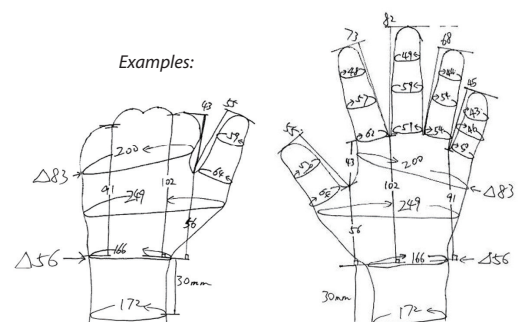
ORDER FORM

PASV


R1

PALMAR SIDE FACE DOWN

Left Hand



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R1



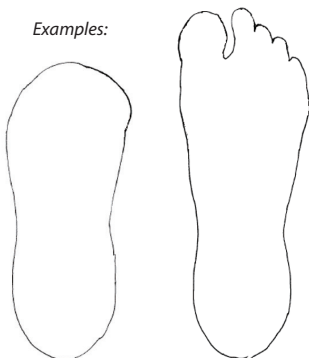
ORDER FORM

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

PLANTAR SIDE
FACE DOWN

Right Foot

Examples:



TELEPHONE

1.800.363.8726

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1 Please draw 1:1 outline of the left foot, on Page 15.

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).

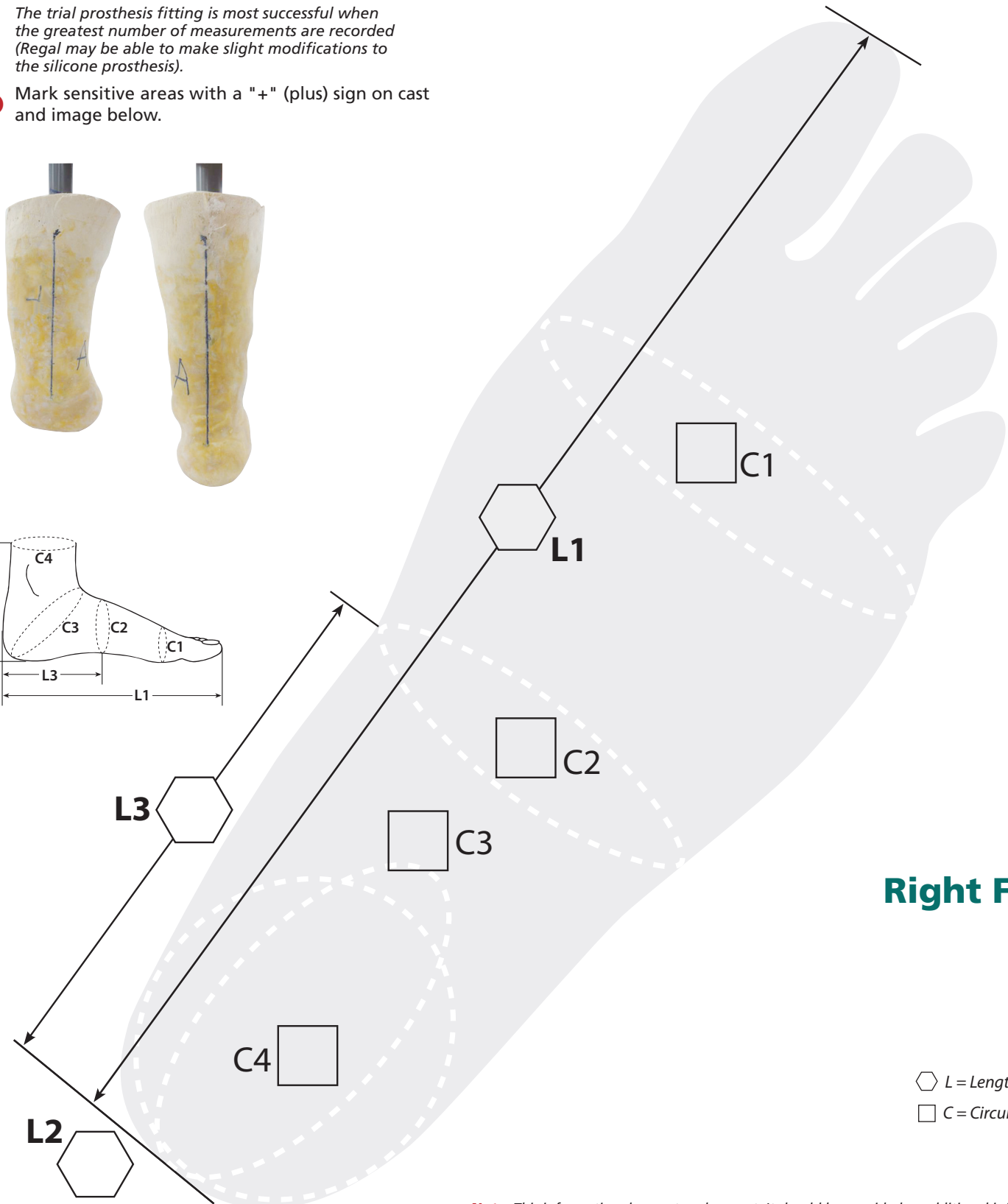
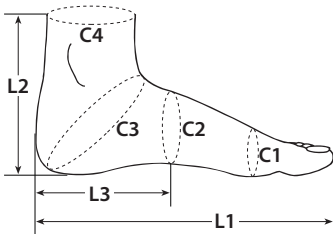
3 Mark sensitive areas with a "+" (plus) sign on cast and image below.

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.

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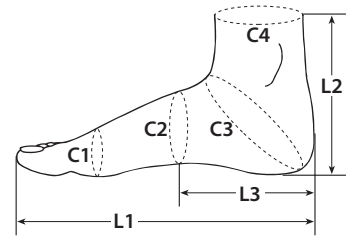
R1



FOOT

ORDER FORM

- 1 Please draw 1:1 outline of the left foot, on Page 15.
- 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.



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

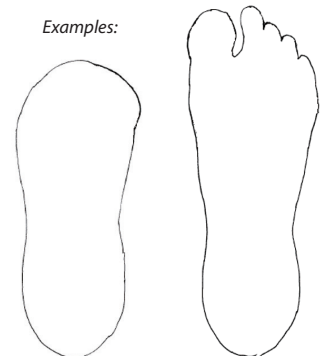
ORDER FORM

R1

PLANTAR SIDE FACE DOWN

Left Foot

Examples:



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R1



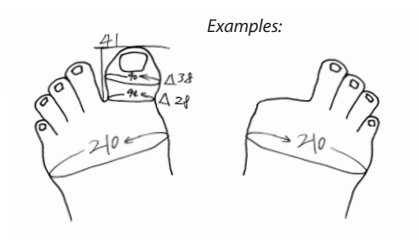
TOE

ORDER FORM

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

PLANTAR SIDE FACE DOWN

Right Foot



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1 Please draw 1:1 outline of the left foot, on Page 15.

2 Fill in all the measurements (in mm) that are relevant to the patient's toes (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).

ORDER FORM TOE



R1

T1

T2

T3

T4

T5

C5

C6

C7

C1

C2

ALL LENGTH MEASUREMENTS FROM PLANTAR SIDE

Right Foot

L = Length
 C = Circumference

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



R1



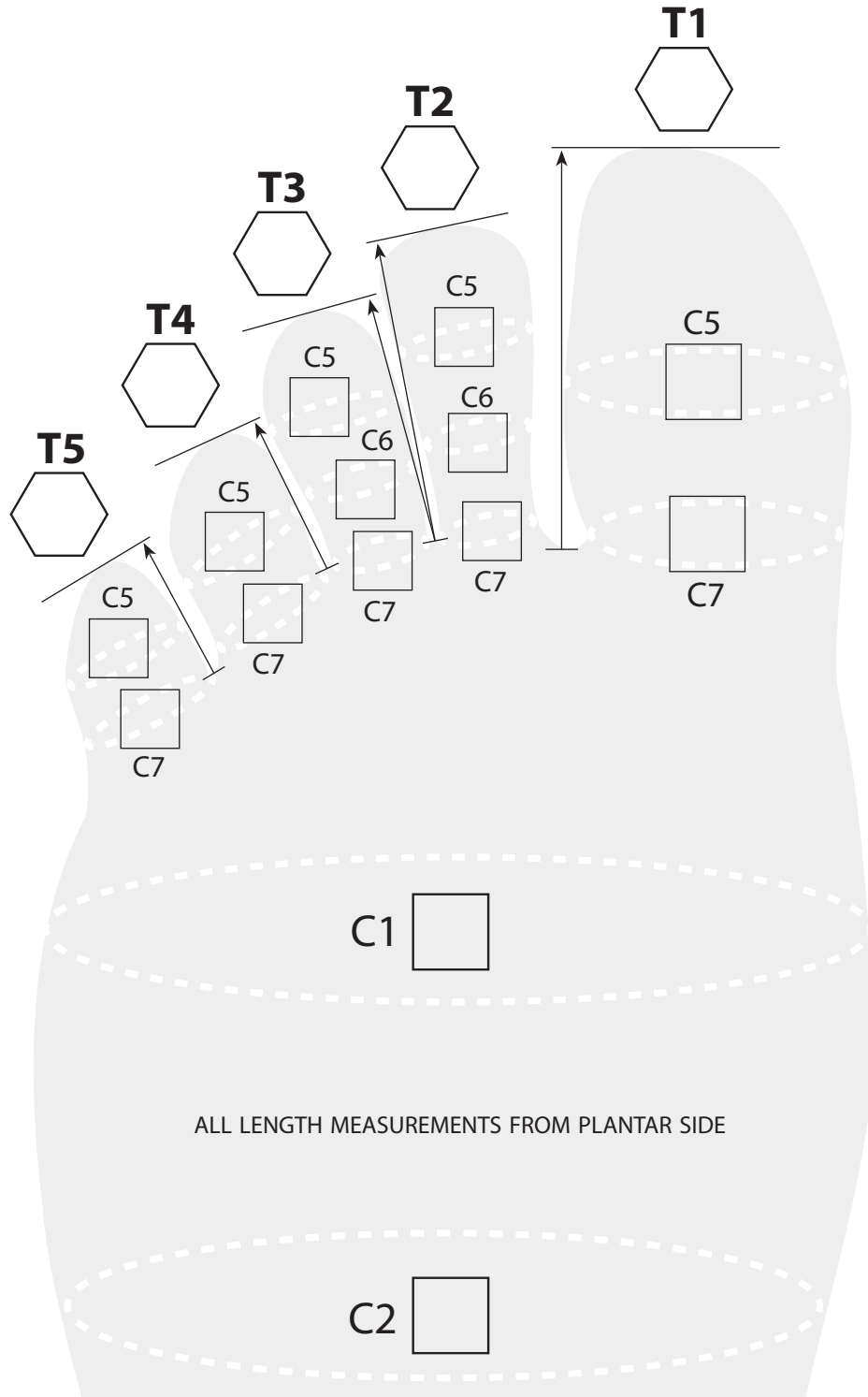
TOE

ORDER FORM

1 Please draw 1:1 outline of the left foot, on Page 15.

2 Fill in all the measurements (in mm) that are relevant to the patient's toes (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).



Left Foot

⬡ = Length

□ = Circumference

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



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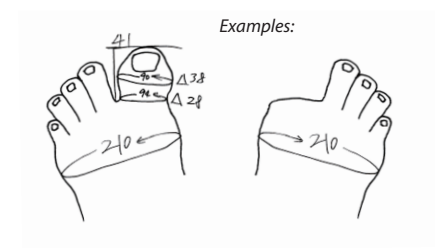
Please draw 1:1 outline of left foot with
plantar side face down.

ORDER FORM

TOE


R1

PLANTAR SIDE FACE DOWN

Left Foot


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.

THE EXPRESS WARRANTIES SET FORTH HEREIN THE REGAL CATALOG OR ANY DOCUMENTATION ARE IN LIEU OF ALL OTHER WARRANTIES EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND ALL SUCH OTHER WARRANTIES ARE HEREBY DISCLAIMED AND EXCLUDED BY CASCADE ORTHOPEDIC SUPPLY, INC. IN NO EVENT SHALL ORTHOPEDIC SUPPLY, INC.'S LIABILITY OF ANY KIND INCLUDE ANY SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES, EVEN IF ORTHOPEDIC SUPPLY, INC. SHALL HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH POTENTIAL LOSS OR DAMAGE.

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.



HIGH-DEFINITION SILICONE
ANATOMICAL COVERS

