

Fillauer LLC Hosmer

Regal Prosthesis Ltd High Definition Silicone Cosmetic Gloves (Semi-Custom Fingers & Partial Hands)

Company _____ Contact _____ Phone _____

PO Number _____ Age _____ Sex _____

Weight _____ Height _____ Patient's Occupation _____

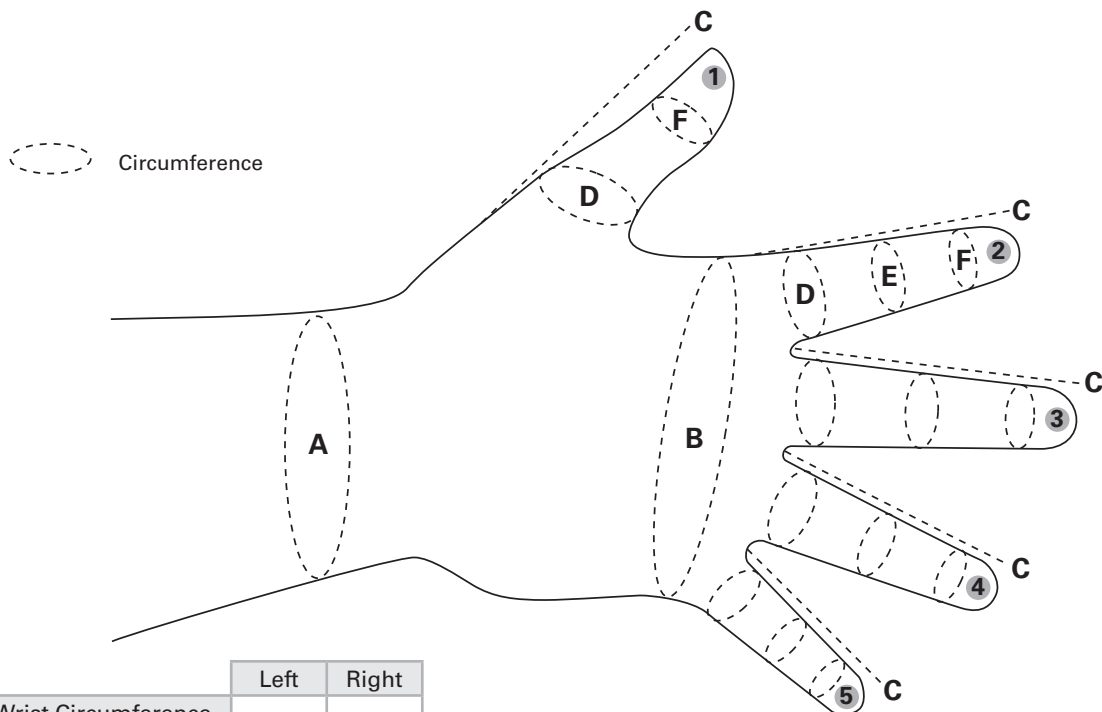
- Model 103** (Partial Hand) Cut glove fingers off for remaining fingers
- Model 200** (4 Connected Fingers & Thumb)
- Model 200A** (4 Individual Fingers & Thumb)
- Model 201** (Single Finger)
- X Series** (HD Nails & Optional Hair ▶ **2D** Black Brown / **3D** Black Brown)

Cast Modifications:
When you modify the cast, you will reduce it 2-3% on bony areas and 3-4% on fleshy areas

Filling: Silicone & Foam Foam None

Zipper: Metal Plastic None

Color: _____ (Color can be chosen in between 2 colors, e.g. A1-A2)



	Left	Right										
A = Wrist Circumference												
B = Palm Circumference												
			DIGIT - 1		DIGIT - 2		DIGIT - 3		DIGIT - 4		DIGIT - 5	
			Left	Right	Left	Right	Left	Right	Left	Right	Left	Right
C = Finger Length												
D = Base Circumference												
E = PIP Circumference	--	--										
F = DIP Circumference												

cm mm inch

- Checklist:**
- Cast was sent (sound and residual limb)
 - Photos were taken and sent (sound and residual limb)
 - Cast modified
 - Please return cast

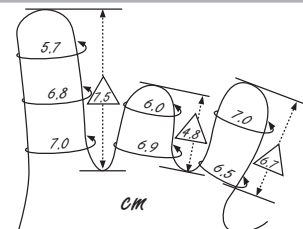
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LEFT HAND

cm mm inch

EXAMPLE

- 1 - Trace outline of sound or residual limb
- 2 - Measure and indicate length of each finger inside a Δ
- 3 - Measure and indicate circumferences of each finger:
 - ▶ Base of finger ▶ PIP/DIP ▶ Tip of finger



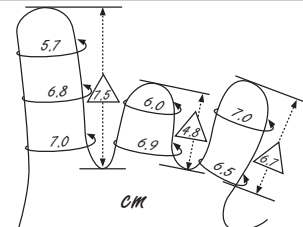
**This information does not replace cast. It should be provided as additional information.*

RIGHT HAND

cm mm inch

EXAMPLE

- 1 - Trace outline of sound or residual limb
- 2 - Measure and indicate length of each finger inside a Δ
- 3 - Measure and indicate circumferences of each finger:
 - ▶ Base of finger ▶ PIP/DIP ▶ Tip of finger



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