

SECTION 1: DETAILS

Date: _____ Practitioner: _____

Patient Name: _____

Clinic Name & Location: _____

Delivery address: _____

Weight: _____ Shoe Type: _____ Shoe Size: _____ M F Child



LAB USE ONLY

Lab No: _____

Lab Due Date: _____

EXPRESS Service:

SECTION 2: CAST MODIFICATION

Vertical:	<input type="checkbox"/> L	<input type="checkbox"/> R
Inverted:	<input type="checkbox"/> L	<input type="checkbox"/> R
Neutral:	<input type="checkbox"/> L	<input type="checkbox"/> R

SECTION 3: ORTHOTIC ADJUSTMENT

ORTHOTIC ADJUSTMENT:

SECTION 4: SHELL MATERIAL

Poly: 3mm 4mm

EVA: Soft - White Mid - Black
Mid - Purple Firm - Grey Supa Firm - Blue

Poly Shell & EVA Filler:
EVA Shell & 2mm Poly Base:

SECTION 5: SHELL SHAPE

Standard	L	R
Narrow	L	R
Wider (mm)	___ L	___ R
Longer (mm)	___ L	___ R
High Heel/Court Style	L	R
Medial Flange	L	R
Lateral Flange	L	R
In Toe Gait Plate	L	R
Out Toe Gait Plate	L	R
UCBL	L	R

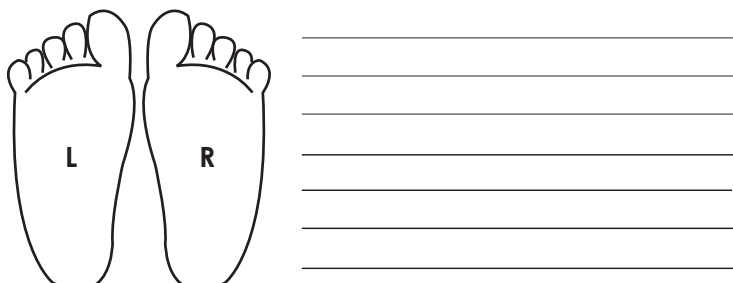
SECTION 6: HEEL CUP DEPTH

10mm: 15mm (standard): 20mm:

SECTION 7: REARFOOT POSTING (poly shell only)

Regular: Medial: Intrinsic (NOT posted):

SECTION 12: SPECIAL INSTRUCTIONS



SECTION 8: FOREFOOT POSTING

Intrinsic: FFT Varus: FFT Valgus: L ___ ° R ___ °

Extrinsic: FFT Varus: FFT Valgus: L ___ ° R ___ °

SECTION 9: ORTHOTIC ADDITIONS

Met Adductus Plate (EVA):

		L	R
Short:		<input type="checkbox"/>	<input type="checkbox"/>
Long:		<input type="checkbox"/>	<input type="checkbox"/>
Plantar Flexed 1st Ray:		<input type="checkbox"/>	<input type="checkbox"/>
Plantar Fascial Groove:		<input type="checkbox"/>	<input type="checkbox"/>
2 - 5 Bar:		<input type="checkbox"/>	<input type="checkbox"/>
Mortons Extension:		<input type="checkbox"/>	<input type="checkbox"/>
Medial Flange:	EVA Poron	<input type="checkbox"/>	<input type="checkbox"/>
Lateral Flange:	EVA Poron	<input type="checkbox"/>	<input type="checkbox"/>
Domes:	Soft Firm	<input type="checkbox"/> SML <input type="checkbox"/> LGE	<input type="checkbox"/> SML <input type="checkbox"/> LGE
Heel Raise:		___ mm	___ mm
Heel Aperture:			
Horse Shoe Deflection:			
Arch Block:	Soft Firm		
Deflections (Mets):		1 2 3 4 5	1 2 3 4 5
Inversion Ramp:		<input type="checkbox"/>	<input type="checkbox"/>
Eversion Ramp:		<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10: FOREFOOT EXTENSION (full length & sulcus)

Full Length: Sulcus:

Cambrelle with Poron layer: 1.6mm: 3.2mm:

Cambrelle: EVA: **Tracing provided:**

SECTION 11: TOP COVER

Personalised logo: Clinic: _____

VINYL: Black | Blue | Purple | Beige | Green | Yellow | Red | Pink

Poron: 1.6mm 3.2mm

Spenco: 1.5mm 3mm

MULTIFORM (2mm):

Blue/White (BW)	Green/Blue/Yellow (GBY)
Multicolour (MT)	Black/Purple (BP)
Black (BK)	Red/Green/Purple (RGP)
Blue (BU)	Green/Blue/Black (GGB)

Leather: Beige