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| Podiatrist Clinic Name Name Address Phone Mobile | Patient Name Age Sex Weight Shoe Style Shoe Size |
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Manufacturing method. Moulded Milled Non Casted Lab Discetion

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| INTRINSIC CORRECTIONS CAST INVERSION/CORRECTED CALCANCAL POSITION L <input type="checkbox"/> ° R <input type="checkbox"/> ° Arch Expansion MIN <input type="checkbox"/> INTRINSIC FOREFOOT CORRECTIONS L° Varus R° L° Valgus R° Lmm Arch Height Rmm | L mm Cuboid Notch R mm L mm Medial Skive R mm L mm Fascia Groove R mm L mm No filler between platform R mm L mm Cuboid Filler R mm L mm Incast Varus R mm L mm Incast Valgus R mm L mm Styloid accommodation R mm L <input type="checkbox"/> Add extra lateral heel R <input type="checkbox"/> |
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| SHELL MATERIAL SELECTION POLY Moulded EVA Density Milled EVA Density <input type="checkbox"/> 2mm Poly <input type="checkbox"/> 190 <input type="checkbox"/> Low to Medium <input type="checkbox"/> 3mm Poly <input type="checkbox"/> 220 <input type="checkbox"/> Medium <input type="checkbox"/> 4mm Poly <input type="checkbox"/> 350 <input type="checkbox"/> Medium to High <input type="checkbox"/> 4.5mm Poly <input type="checkbox"/> 400 <input type="checkbox"/> High <input type="checkbox"/> Carbon XT <input type="checkbox"/> TL2100 <input type="checkbox"/> Calculate Poly by Patients weight | SHELL SHAPE <input type="checkbox"/> Standard (1-5) <input type="checkbox"/> Wide <input type="checkbox"/> Slim <input type="checkbox"/> Super Slim <input type="checkbox"/> Hook <input type="checkbox"/> Gait Plates SHELL MODIFICATIONS L <input type="checkbox"/> Mortons Extensions (Shell) R <input type="checkbox"/> L mm Lateral Planter Grind R mm L mm Fascia Accom R mm L mm Heel Cup Height R mm L mm Medial Flange R mm L mm Lateral Flange R mm L <input type="checkbox"/> 1st Ray cut out R <input type="checkbox"/> L <input type="checkbox"/> Heel Aperture R <input type="checkbox"/> | IN TOE OUT TOE  |
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| REARFOOT POSTINGS (All Heels posts in 400Eva unless specified) Extrinsic Full <input type="checkbox"/> Half <input type="checkbox"/> Quarter <input type="checkbox"/> Intrinsic Grind <input type="checkbox"/> Milled Extrinsic Full <input type="checkbox"/> Intrinsic Post <input type="checkbox"/> L <input type="checkbox"/> ° Inversion/Varus R <input type="checkbox"/> ° L <input type="checkbox"/> ° Eversion/Valgus R <input type="checkbox"/> ° L <input type="checkbox"/> ° Elevator Compensation R <input type="checkbox"/> ° L <input type="checkbox"/> ° Motion R <input type="checkbox"/> ° L <input type="checkbox"/> mm Heel Lift R <input type="checkbox"/> mm | Rearfoot Inshell Grind L° Varus R° L° Valgus R° Forefoot Post Extrinsic L° Varus R° L° Valgus R° Lateral Border Post <input type="checkbox"/> Comments: | Arch Fills (no arch fill available for Milled EVA Material) L <input type="checkbox"/> PPT R <input type="checkbox"/> L <input type="checkbox"/> 190 EVA R <input type="checkbox"/> Contour <input type="checkbox"/> L <input type="checkbox"/> 220 EVA R <input type="checkbox"/> L <input type="checkbox"/> 350 EVA R <input type="checkbox"/> Flat <input type="checkbox"/> L <input type="checkbox"/> 400 EVA R <input type="checkbox"/> |
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| TOP COVERS / MATERIALS (all full extensions are covered with cambrelle on the plantar surface of orthotics) <input type="checkbox"/> Shell Length <input type="checkbox"/> Vinyl black, colour..... <input type="checkbox"/> Vita <input type="checkbox"/> Other Material <input type="checkbox"/> Heel to sulcus <input type="checkbox"/> Lunasoft Colour <input type="checkbox"/> Multiform 2 or 3mm <input type="checkbox"/> Full Length <input type="checkbox"/> Leather <input type="checkbox"/> PPT 1.5 or 3mm <input type="checkbox"/> Hook + <input type="checkbox"/> PS Vlies <input type="checkbox"/> Grip (3mm eva 220) Black <input type="checkbox"/> FFT Padding only <input type="checkbox"/> Spenco 1.5 to 3mm <input type="checkbox"/> Alphapig |
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| ADDITIONS AND DEFLECTIONS L° Forefoot varus wedge Extension R° L° Forefoot valgus wedge Extension R° L <input type="checkbox"/> Metatarsal Domes (S M L) R <input type="checkbox"/> L <input type="checkbox"/> Metatarsal Bars (S M L) R <input type="checkbox"/> | Lmm Mortons Extensions EVA R mm Deflection and Additions as marked Other please specify  |
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| LAB USE ONLY: Date Received Date Dispatched Due Date | Return Service: Default standard. All dates calculated from date of receipt. Return Date Orthotic Date Time: Mode <input type="checkbox"/> Standard 10 working days <input type="checkbox"/> Rapid 20% surcharge (2-4) Cast Stored - 3 months <input type="checkbox"/> Cast Returned <input type="checkbox"/> |
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Notes Area:

SPECIAL INSTRUCTIONS
Please Turn Over