

PODIATRIST INFORMATION

Name _____

Clinic _____

Address _____

Phone _____

ORTHOTIC TYPE

Traditional Concave Wedge Wedge UCBL

Court Hook Half Hook Full Heel Anatomical

ORTHOTIC SHELL

Polypropylene → _____ mm

3D Printed (PA11) → _____ mm

Hybrid → _____ mm + select an EVA Density

EVA 190 (Red) 220 (Beige) 330 (Black) 400 (Blue)

Dual EVA 190/220 190/330 220/330 220/400

PolyCarbon → _____ mm

Width Narrow Standard Wide L R In-toe Gait Plate

Length Short Standard Long L R Out-toe Gait Plate

L R Morton's Extension

ORTHOTIC ARCH

Inverted L R High Arch Device (95% Arch Fill)

Inv/Mid L R Standard Arch Device (85% Arch Fill)

Mid Foot L R Low Arch Device (75% Arch Fill)

Mid /Mod Other _____

Modified Root

Full Arch Contact

ORTHOTIC COVER

Standard Shell Length Cover

Web* Sulcus Length Cover and Poron - to web-space

Performance* Full Length Cover and Poron - to the end of shoe

Full Length EVA Shell Full Length EVA Shell - to end of shoe

Vinyl Lunasoft 1.5 Spenco 3.0 Spenco Leather

Cover Other _____

Colour _____

Mid Layer 1.5 Poron (Blue) 3.0 Poron (Blue) 3.0 Poron (Red)

Other _____

*All extensions have a Cambrelle base as standard



GENERAL NOTES

PATIENT INFORMATION

Name _____

Shoe Type _____ Shoe Size _____

Age _____ M / F _____ Weight _____ kg

DATES

Order Date / / Issue Date / / AM / PM

Return 5 Days (STANDARD) 4 Days (RAPID) 3 Days (RAPID)

48 Hours (RAPID)

ORTHOTIC CORRECTIONS

LEFT		RIGHT
<input type="checkbox"/> INV	Rear Foot Correction	<input type="checkbox"/> INV
<input type="checkbox"/> EV		<input type="checkbox"/> EV
<input type="checkbox"/> INV	Fore Foot Correction	<input type="checkbox"/> INV
<input type="checkbox"/> EV		<input type="checkbox"/> EV

ORTHOTIC MODIFICATIONS & ADDITIONS

	LEFT	RIGHT
Medial Skive	<input type="checkbox"/> mm	mm <input type="checkbox"/>
Lateral Skive	<input type="checkbox"/> mm	mm <input type="checkbox"/>
Heel Lift	<input type="checkbox"/> mm	mm <input type="checkbox"/>
Heel Cup Height	<input type="checkbox"/> mm	mm <input type="checkbox"/>
Extra Heel Expansion	<input type="checkbox"/> mm	mm <input type="checkbox"/>
Plantar Fascial Accommod	<input type="checkbox"/> mm	mm <input type="checkbox"/>
Cuboid Notch	<input type="checkbox"/> mm	mm <input type="checkbox"/>
1st Ray Cut Out	<input type="checkbox"/>	<input type="checkbox"/>
1st Ray Accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Low Bulk Grind	<input type="checkbox"/>	<input type="checkbox"/>
Heel Stabiliser (EVA Post)	<input type="checkbox"/>	<input type="checkbox"/>
Heel Stabiliser (Intrinsic)	<input type="checkbox"/>	<input type="checkbox"/>
Met Dome	<input type="checkbox"/>	<input type="checkbox"/>
Met Pad 2-4	<input type="checkbox"/>	<input type="checkbox"/>
Heel Aperture	<input type="checkbox"/>	<input type="checkbox"/>
No Plaster Fill on Fore Foot 2-4	<input type="checkbox"/>	<input type="checkbox"/>
Medial Flare	<input type="checkbox"/>	<input type="checkbox"/>
Medial Wrap (Intrinsic)	<input type="checkbox"/>	<input type="checkbox"/>
Tri-Planar Heel Shave	<input type="checkbox"/>	<input type="checkbox"/>
Plantar 5th Ray Grind	<input type="checkbox"/>	<input type="checkbox"/>
Lateral Plantar Grind	<input type="checkbox"/>	<input type="checkbox"/>
MLA Fill	<input type="checkbox"/>	<input type="checkbox"/>