

## RE-COVER & MODIFICATION PRESCRIPTION FORM

### PRACTITIONER

Name

Clinic

Address

Phone

### PATIENT

Name

Shoe Type

Sex Weight kg

Age Shoe Size US

### COVER LENGTH

Standard  Shell Length

Web\*  Sulcus Length & Poron to web-space

Performance\*  Full Length & Poron to end of shoe

Full Length EVA  Full Length EVA to the end of shoe

\*All extensions have a Cambrelle base

### COVER TYPE

Vinyl  Lunasoft  1.5 Spenco  3.0 Spenco

Other

Cover Colour

Cover Trim

### MID LAYER

1.5 Blue  3.0 Blue  1.5 Red  3.0 Red

Other

### MODIFICATIONS & ADDITIONS

Heel Stabiliser 

	Left	Right
	<input type="checkbox"/>	<input type="checkbox"/>

Heel Aperture 

	<input type="checkbox"/>	<input type="checkbox"/>
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Met Dome 

	<input type="checkbox"/>	<input type="checkbox"/>
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Met Pad 2-4 

	<input type="checkbox"/>	<input type="checkbox"/>
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### OTHER