

TO BE
RETURNED ON

ORDER
NUMBER

— FOR OFFICE USE ONLY —

PATIENT DETAILS

Name

Age Male / Female Shoe Size

Footwear Type

PODIATRIST

Name

Address

Phone Order Date

ORTHOTIC TYPE

Traditional ☐ COURT: ☐ Hook

Wedge ☐ ☐ Full Heel

Concave Wedge ☐

CAST MODIFICATIONS

Medial Heel Skive ☐ S ☐ M ☐ L ☐ L ☐ R Extra Heel Expansion ☐ L ☐ R

Tri-Planar Heel Skive ☐ L ☐ R First Ray Accom. ☐ L ☐ R

Cuboid Notch ☐ S ☐ M ☐ L ☐ L ☐ R Plantar Fascia Accom. ☐ L ☐ R

Medial Flare ☐ L ☐ R Lat. Cast Grind ☐ L ☐ R

Medial Wrap ☐ L ☐ R No Plaster Fill 2 - 4 ☐ L ☐ R

Other

CAST CORRECTION

Rear Foot ☐ L ☐ R Fore Foot ☐ L ☐ R

ARCH FILL TECHNIQUE

Inverted ☐ L ☐ R Inverted Mid ☐ L ☐ R

Mid ☐ L ☐ R Mod. Root ☐ L ☐ R

Min Arch fill ☐ L ☐ R Max Arch fill ☐ L ☐ R

SHELL MODIFICATIONS

Standard Shell ☐ L ☐ R HEEL STABILISER: ☐ Full ☐ L ☐ R

Low Profile Shell ☐ L ☐ R Half ☐ L ☐ R

Lateral Plantar Grind ☐ L ☐ R Full Shell Wrap ☐ L ☐ R

First Met Cut-out ☐ L ☐ R

Heel Aperture ☐ L ☐ R

SHELL MATERIAL

Polypropylene EVA Carbon Fibre

☐ 2.0 ☐ Soft ☐ Semi Flex

☐ 2.5 ☐ Medium ☐ Semi Rigid

☐ 3.0 ☐ Hard

☐ 3.5

☐ 4.0 EVA Shell Length

☐ 4.5 ☐ Met

☐ 5.0 ☐ Web

☐ 5.5 ☐ Full

Other Thickness:

TOP COVER

Polished Shell (No Cover) ☐ L ☐ R Vinyl Black / ☐

Met Length ☐ L ☐ R Loonasoft Black / ☐

Web Length ☐ L ☐ R P S Vlies ☐

Full Length ☐ L ☐ R Neoprene Black 1.6mm ☐

Leather ☐

Cambrelle Bottom ☐

No Cushion Poron 1.5 Poron 3.0 Red Poron 1.5

☐ Shell ☐ Shell ☐ Shell ☐ Shell

☐ Forefoot ☐ Forefoot ☐ Forefoot ☐ Forefoot

ADDITIONAL NOTES

1) Arch Length:

2) Foot Length:

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