

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) 24 Hours (RAPID) Same Day (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 (S M L)	<input type="checkbox"/> mm	<input type="checkbox"/> mm
Lateral Skive (S M L)	<input type="checkbox"/> mm	<input type="checkbox"/> mm
Heel Lift	<input type="checkbox"/> mm	<input type="checkbox"/> mm
Heel Cup Height	<input type="checkbox"/> mm	<input type="checkbox"/> mm
Extra Heel Expansion	<input type="checkbox"/> mm	<input type="checkbox"/> mm
Plantar Fascial Accommod (S M L)	<input type="checkbox"/> mm	<input type="checkbox"/> mm
Cuboid Notch (S M L)	<input type="checkbox"/> mm	<input type="checkbox"/> mm
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 (S L)	<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 (S M L)	<input type="checkbox"/>	<input type="checkbox"/>
Lateral Plantar Grind	<input type="checkbox"/>	<input type="checkbox"/>
MLA Fill	<input type="checkbox"/>	<input type="checkbox"/>