

PODIATRIST

NAME

ADDRESS

PHONE

DATE

 / /


FACTORY 8/11 CLARICE ROAD TEL: +61 3 9898 8107
 BOX HILL 3128 VICTORIA FAX: +61 3 9890 3882
 OUTSIDE MELB. TOLL FREE 1800 800 315

PATIENT

NAME

OCCUPATION

SEX

AGE

WEIGHT

RETURN DATE

STANDARD RETURN DATE/...../.....
 RAPID RETURN DATE/...../.....

TOL ORTHOTIC COVER TYPE

CONTROL (Shell Length)
 CONTROL PLUS (Shell Length & Poron/Sts.*)
 WEB (Sulcus Length & Poron/Sts.* - at Mets)
 PERFORMANCE (Full length & Poron/Sts.* - to Toes)
 PERFORMANCE PLUS (Full length & Neoprene & Poron/Sts.* - to Toes)
 COURTHOTIC™ (Full Heel / Hook
*Soft Tissue Supplement (Web Style Cover)

SHELL MATERIAL OPTIONS

POLYPROPYLENE FLEXIBILITY

SEMI RIGID SEMI FLEX WHITE 4.0mm
 GREY 4.7/5.0mm FLEX GREY 3.0mm

XT CARBON FIBRE **EVA**
 SEMI-FLEX 2.3mm SEMI-RIGID 2.7mm SOFT 190 MED 220
 RIGID 3.0mm FIRM 400

CAST MODIFICATIONS

METHOD

STANDARD/MOD. ROOT DC WEDGE
 INVERTED TECHNIQUE KIRBY SKIVE mm
 OTHER (specify)

FOOTWEAR

HEEL HEIGHT cm SHOE SIZE

SHOE TYPE(S)

CAST BISECTION

LAB PODIATRIST

INTRINSIC POSTING CORRECTIONS

CORRECTED CALCANEAL BISECTION POSITION

LEFT INVERTED **RIGHT** INVERTED
 EVERTED **RIGHT** EVERTED

BALANCED TO FOREFOOT

(Forefoot post will be balanced to corrected calcaneal bisection position)

D C WEDGE CORRECTION

L CUBOID NOTCH **R**

ADDITIONS AND OPTIONS

COVER OPTIONS

SHOCK ABSORPTION VARIATIONS

SHELL NIL PPT/PORON
 1.5mm
 3.0mm OTHER

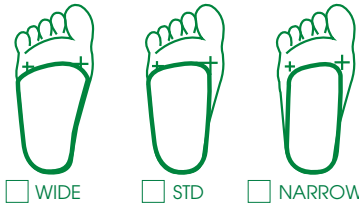
FOREFOOT NIL
 1.5mm
 3.0mm

P.S. VLIES TOP COVER
 CAMBRELLE BOTTOM COVER
 LEATHER TOP COVER
 LUNASOFT TOP COVER
 CAMBRELLE APERTURE COVER
 OTHER

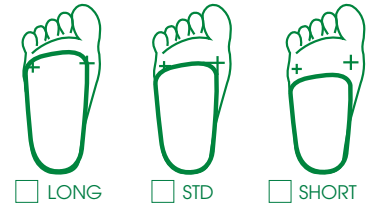
Click to place a dot in the region that requires pressure deflection and describe your pad below.



SHELL WIDTH



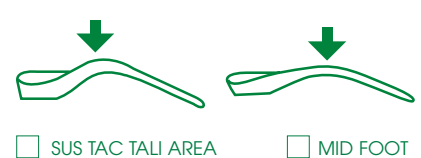
SHELL LENGTH



ARCH CONTOUR PREFERENCE



ARCH CONTOUR HIGH POINT



LEFT Invert Evert **REARFOOT EXTRINSIC POST** **RIGHT** Invert Evert
 Invert Evert **FOREFOOT EXTRINSIC POST** Invert Evert
 mm **HEEL LIFT** mm
NO EXTRINSIC HEEL COVER PLATE
 mm **PLANTAR FASCIA GROOVE** mm
 1st RAY CUT OUT
 APERTURED HEEL SML MED LRG

OTHER SHELL OPTIONS

LEFT	LOW BULK GRIND	RIGHT
	LAT. PLANTAR GRIND	
	MEDIAL CURVE GRIND	
<input type="text"/> mm	HEEL CUP HEIGHT	<input type="text"/> mm
<input type="text"/> mm	MEDIAL FLANGE	<input type="text"/> mm
<input type="text"/> mm	LATERAL FLANGE	<input type="text"/> mm

CAST MODIFICATIONS

LEFT	LAT. CAST GRIND	RIGHT
<input type="text"/> mm	CUBOID NOTCH	<input type="text"/> mm
<input type="text"/> mm	ACCOMMODATE STYLOID/CUBOID	<input type="text"/> mm
<input type="text"/> mm	ACCOMM. AS INDICATED ON CAST	<input type="text"/> mm
<input type="text"/> mm	ADD LAT. HEEL EXP.	<input type="text"/> mm
<input type="text"/> mm	MIN MEDIAL ARCH EXP. (High Arch)	<input type="text"/> mm
<input type="text"/> mm	EXTRA MEDIAL ARCH EXP. (Low Arch)	<input type="text"/> mm
<input type="text"/> mm	NO PLASTER FILL ON FOREFOOT 2-4	<input type="text"/> mm

SPECIAL INSTRUCTIONS

OFFICE

REC/...../..... STD.
 DUE/...../..... RR.
 No.