BIOLAB
Precision Orthoses

Microsoft Edge not supported. Use Adobe Acrobat (free), Firefox, or Google Chrome.

Prescription Form

Version 8

12 Milson Place O'Connor Western Australia 6163 Tel: (08) 9337 5800 Email: scans@biolabwa.com.au

Podiatrist

Account to

Address

Contact Ph No

Return Date (required)

Corrected casts to be Returned to Podiatrist ☐ Stored at lab ☐

Cast Instructions

Correct Left ° INV Reduced Filler 2-4 ☐

Right ° INV Plantar Fascia Accom ☐

Other Instructions

Shell Material

Polypropylene

Carbon Fibre Composite ☐

EVA

Plantar EVA Arch Fill

Grind

Standard ☐ Wide ☐ Narrow ☐

Arch Height (optional)	Left	mm	Right	mm
Medial Flare	Left ☐		Right ☐	
Lateral Flare	Left ☐		Right ☐	
Medial Flange (vertical lip)	Left ☐		Right ☐	
Lateral Flange (vertical lip)	Left ☐		Right ☐	

Other Instructions

Heel Cup Height

Left Med mm Lat mm

Right Med mm Lat mm

Patient name (BLOCK LETTERS)

Age Sex Weight

Symptoms

New Pair ☐ Remake ☐ Quantity (pairs) 1

Postings

Rearfoot

Nil ☐ Plantar Heel Shell Grind ☐ Apertured

EVA Cork ☐ Poly ☐ Cobra Slim ☐

L ° / ° R ° / °

Medially Flared Posts Left ☐ Right ☐

Laterally Flared Posts Left ☐ Right ☐

Heel Raise Left mm Right mm

Heel Elevation (Pitch of footwear) mm

Forefoot

Intrinsic: Bal. to Cast ☐

Extrinsic: EVA ☐ Cork ☐

L ° R °

Comments

Cover

Vinyl with Poron (underlay to shell)

AMB ☐

Neoprene

2mm EVA

Leather

Multiform (3mm)

Conforma-cover

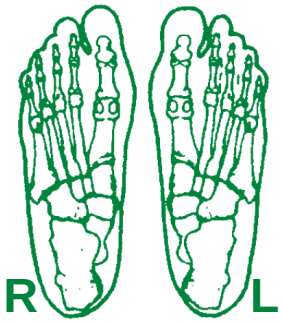
Extension

Poron Sulcus ☐ Toes ☐

Neoprene Sulcus ☐ Toes ☐

FFT Extension Reinforcement (underlay)

Optional Padding & Accommodations **Comments**



Lab Use

Date In

Date Out

Job No