BIOLAB
Precision Orthoses

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

Prescription Form

Version 9

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 ☐

Patient name (BLOCK LETTERS)
Age Sex Weight
Symptoms
New Pair ☐ Remake ☐ Quantity (pairs) 1

Cast Instructions

Correct Left ° Reduced Filler 2-4 ☐
Right ° 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

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

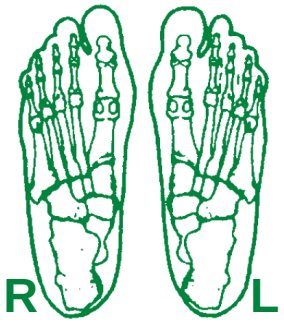
Vinyl with Poron (underlay to shell)
AMB ☐
Neoprene
2mm EVA
Leather
Multiform (3mm)
Conforma-cover

Extension

Poron Sulcus ☐ Toes ☐
Neoprene Sulcus ☐ Toes ☐

FFT Extension Reinforcement (underlay)

Optional Padding & Accommodations **Comments**



Lab Use

Date In
Date Out

Job No