BIOLAB
Precision Orthoses

Prescription Form
Version 6

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: 1

Cast Instructions

Correct Left _____ o Reduced Filler 2-4 ☐

Right _____ o 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 _____ o / _____ o R _____ o / _____ o

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 _____ o R _____ o

Comments _____

Cover

Vinyl _____ with Poron (underlay to shell) _____

AMB ☐

Neoprene _____

2mm EVA _____

Leather _____

Multiform (3mm) _____

Conforma-cover _____

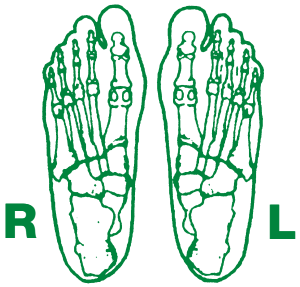
Extension

Poron _____ Sulcus ☐ Toes ☐

Neoprene _____ Sulcus ☐ Toes ☐

FFT Extension Reinforcement _____

Optional Padding & Accommodations



Comments

Lab Use

Date in _____

Date out _____

Job No _____