BIOLAB
Precision Orthoses

Prescription Form

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 _____

Activities _____

Cast Instructions

Correct Left _____ ° INV/EV

Right _____ ° INV/EV

Reduced Filler 2-4 ☐

Plantar Fascia Accom ☐

Other Instructions

Shell Material

Polypropylene

2mm ☐ 3mm ☐ 4mm ☐ 4.5mm ☐ 5mm ☐ 6mm ☐

Carbon Fibre Composite ☐

EVA 350 hard ☐ EVA 220 med ☐ EVA 120 v. soft ☐

Arch Fill EVA 350 ☐ EVA 220 ☐ EVA 120 ☐

Grind

Standard ☐ Wide ☐ Narrow ☐

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

Other Instructions _____

Heel Cup Height

Left Med _____ mm Lat _____ mm

Right Med _____ mm Lat _____ mm

Postings

Rearfoot:

Nil ☐ Intrinsic Grind ☐ Apertured ☐

EVA ☐ Cork ☐ Poly ☐ Cobra Slim ☐

L _____ ° / _____ ° R _____ ° / _____ °

Medial Flare Left ☐ Right ☐

Lateral Flare Left ☐ Right ☐

Heel Raise Left _____ mm Right _____ mm

Heel Elevation _____ mm

Forefoot:

Intrinsic : Bal. to Cast ☐

Extrinsic: EVA ☐ Cork ☐

L _____ ° R _____ °

Other Instructions _____

Cover

Vinyl ☐ Colour _____ with Poron ☐

AMB ☐

Neoprene 3mm ☐ 1.5mm ☐

2mm EVA ☐

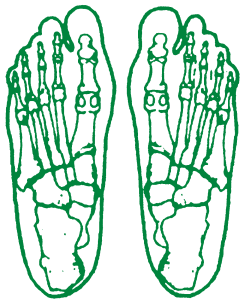
Leather ☐

Conforma-cover ☐

Extension

Poron ☐ to Toes ☐

Neoprene ☐ to Sulcus ☐



R L

Optional Padding & Lesional Accommodation

If you wish to illustrate in greater detail, please indicate on separate document.

Comments

Lab Use

Left _____ ° Valgus / Varus

Right _____ ° Valgus / Varus

Date in _____

Date out _____

Job No