

Podiatrist _____

Account to _____

Address _____

Contact Ph No _____

Return Date (required)

Corrected casts to be _____

Returned to Podiatrist ☐

Stored at lab ☐

Cast Instructions

Correct Left _____° _____°

Right _____° _____°

Other Instructions _____

Reduced Filler 2-4 ☐

Plantar Fascia Accom ☐

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 ☐

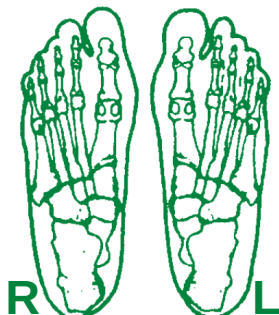
Other Instructions _____

Heel Cup Height

Left Med _____ mm Lat _____ mm

Right Med _____ mm Lat _____ mm

Optional Padding & Accommodations



Patient name (BLOCK LETTERS) _____

Age _____ Sex _____ Weight _____

Symptoms _____

New Pair ☐ Remake ☐ Quantity (pairs) _____

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)

Lab Use

Date In _____

Date Out _____

Job No
