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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 Reduced Filler 2-4

Right \_\_\_\_\_ ° INV/EV 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

**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 \_\_\_\_\_

**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

**Cover**

Vinyl  Colour \_\_\_\_\_ with Poron

AMB

Neoprene 3mm  1.5mm

2mm EVA

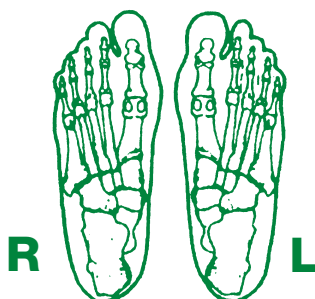
Leather

Conforma-cover

**Extension**

Poron  to Toes

Neoprene  to Sulcus



**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**

\_\_\_\_\_