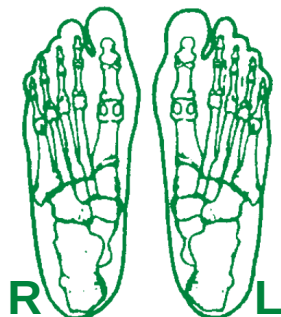


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Podiatrist _____ Account to _____ Address _____ Contact Ph No _____ Return Date (required) _____ Corrected casts to be Returned to Podiatrist ☐ Stored at lab ☐ Cast Instructions Correct Left _____° _____° Reduced Filler 2-4 ☐ Right _____° _____° Plantar 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 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) _____
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Lab Use

Date In _____

Date Out _____

Job No