

Refurbishment and Adjustment Form

Version 1

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Podiatrist _____

Account to _____

Address _____

Contact Ph No _____

Return Date (required) _____

Patient name

(BLOCK LETTERS) _____

Age _____

Sex _____

Weight _____

Symptoms _____

Recover as is ☐

Recover and re-post as is ☐

OR

Re-cover as below ☐

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) _____

Re-post as below ☐

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 _____ °

Plantar EVA Arch Fill _____

Adjustment Details

Lab Use

Date In _____

Date Out _____

Job No