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Podiatrist

Name.....

Clinic.....

Clinicians Mobile Number.....

Email.....

Patient (Please complete all fields)

Name.....

Age..... Weight..... Sex.....

Shoes Style..... Shoe Size..... EUR

Return Date

Return Date.....

Lab to design ☐

(to be 24 hours before fitting and please check all orthotics when delivered)

Intrinsic Correction

Corrected Calcaneal Position

Inversion/ Eversion (please circle)

L ☐ Balance R ☐
L ° Varus R °
L ° Valgus R °
L mm Arch Height R mm

For 3D Scans (Please Complete)

L mm Cavus (27-31mm) R mm
L mm Normal (24-27) R mm
L mm Planus (21-24mm) R mm
L mm Very Planus (17-21mm) R mm
L mm Heel Width (mm) R mm
L mm Posterior Heel Centre to 1st R mm
L mm Posterior Heel Centre to 5th R mm

Cast/Scan Corrections

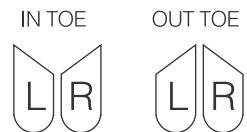
L mm Cuboid notch R mm
L mm Medial Skive R mm
L mm Fascia Groove R mm
L mm No Fill 2-4 R mm
L mm Cuboid Filler R mm
L mm DC Wedge R mm
L mm Styloid Accom R mm
L mm Extra Heel Expansion R mm
Other.....

Shell Material

- ☐ 2mm Poly
☐ 3mm Poly
☐ 4mm Poly
☐ Carbon XT
☐ Latex
☐ Orthosoft (190)
☐ Orthofoam (220)
☐ Orthosport (270)
☐ Orthofoam plus (270)
☐ Orthoblack/shock (300)
☐ Orthofirm (350)
☐ Other.....

Shell Shape

- ☐ Standard ☐ Wide ☐ Slim
☐ Super Slim ☐ Hook ☐ Gait Plates ☐ In Toe ☐
Shell Modifications ☐ Out Toe ☐
L mm Lateral Planter Grind R mm
L mm Fascia Accom R mm
L mm Heel Cup Height R mm
L mm Medial Flange R mm
L mm Lateral Flange R mm
L mm Heel Arpeture R mm
L ☐ 1st Ray cut out R ☐
L ☐ Mortons Extensions (Shell) R ☐



Extrinsic Rearfoot Posting (PRN)

- ☐ Extrinsic Full ☐ Half ☐ Quarter ☐ Intrinsic Grind
L ° Inversion R °
L ° Eversion R °
L ° Heel Lift R °
L ° Medial Flare R °
L mm Lateral Flare R mm

Rearfoot Inshell Grind (PIN)

- L ° Varus R °
L ° Valgus R °

Forefoot Post Extrinsic (PRN)

- L ° Varus R °
L ° Valgus R °
L ° Platform R °

Arch Fills (PDD)

- L ☐ Contour R ☐
L ☐ Flat R ☐
L ☐ PPT R ☐
L ☐ 190 EVA R ☐
L ☐ 220 EVA R ☐
L ☐ 350 EVA R ☐
L ☐ 400 EVA R ☐

Top Covers/Materials (all full extensions are covered with cambrelle on the plantar surface of orthotics)

- ☐ Shell (TCS 1 & 2) ☐ Vinyl black, colour ☐ Performance 3 mm
☐ Heel to culcus (TC 3/4 1 & 2) ☐ Lunasoft Colour ☐ Vita
☐ Full Length (TCF 1 & 2) ☐ Leather ☐ Multiform 2 or 3mm
☐ Hook + ☐ PS Vlies ☐ PPT 1.5 or 3mm
☐ FFT Padding only (TCF 1 & 2) ☐ Performance 1.5 mm ☐ Other Material

Additions and Deflections

- L mm Forefoot varus wedge Extension R mm L mm Reverse Mortons Extensions EVA R mm
L mm Forefoot valgus wedge Extension R mm L mm Mortons Extensions EVA R mm
L ☐ Metatarsal Domes (S) (M) (L) R ☐ Deflection and Additions as marked
L ☐ Metatarsal Bars (S) (M) (L) R ☐ Other please specify



LAB USE ONLY: Date Received Script Checked
Date Dispatched