

PLEASE USE PEN WHEN FILLING OUT DETAILS

PODIATRIST _____
 ADDRESS _____

 _____ PHONE _____

PLEASE PRINT CLEARLY

PATIENTS NAME _____

Must be completed for Warranty
 AGE _____ SEX _____ WEIGHT _____ Kgs

 ACTIVITIES _____

CAST INSTRUCTIONS **DIGITAL MODELLING**

BALANCE POUR LEFT _____ IN/EV
 RIGHT _____ IN/EV

ARCH HEIGHT L HIGH STD LOW
 R HIGH STD LOW
 OR L _____ mm R _____ mm

ARCH L min fill std fill max fill
 CONTOUR R min fill std fill max fill
 WRAP L R PEAK L R
 PLANTAR FASC ACCOM L _____ mm R _____ mm
 REDUCED FILL 2 - 4 L R
 Heel Grind 0° L R Cuboid Skive L R
 Medial Skive L 5° 10° 15°
 R 5° 10° 15°
 Other Cast Instructions _____

SHELL MATERIAL **THICKNESS**

NYLON 3 RIBS _____ mm
 POLYPROPYLENE (CLEAR) 3 4 5
 POLY 2mm / PPT ARCH FILL
 EVA

SHELL GRIND

	LEFT	RIGHT
STANDARD	<input type="checkbox"/>	<input type="checkbox"/>
WIDE	<input type="checkbox"/>	<input type="checkbox"/>
NARROW	<input type="checkbox"/>	<input type="checkbox"/>
MEDIAL FLARE	<input type="checkbox"/>	<input type="checkbox"/>
HIGH MEDIAL FLARE	<input type="checkbox"/>	<input type="checkbox"/>
LATERAL FLANGE	<input type="checkbox"/>	<input type="checkbox"/>
MET DOME IN SHELL	<input type="checkbox"/>	<input type="checkbox"/>
SLIMMER	<input type="checkbox"/>	<input type="checkbox"/>
	MED	LAT
HEEL CUP	LEFT _____ mm _____ mm	
HEIGHT	RIGHT _____ mm _____ mm	

OFFICE USE ONLY

JOB NUMBER _____
 IN _____ OUT _____
 CONSULTANT _____

REARFOOT POSTINGS EVA HEEL RAISE

EVA L: _____ mm
 POLYPROPYLENE R: _____ mm

INTRINSIC
 APERTURE PPT FILL
 ANGLE LEFT _____ / _____ RIGHT _____ / _____

COVER

VINYL COLOUR _____
 LUNASOFT COLOUR _____
 OPULEX
 LEATHER

COMBINATIONS: VINYL/PPT 1.5mm 3mm
 LUNASOFT/PPT 1.5mm 3mm
 LEATHER/PPT 1.5mm 3mm

LENGTH

SHELL ONLY TO SULCUS TO TOES

ADD TO EXTENSION

WEDGED EXTENSION L R VAR VAL
 REV MORTONS (2-5) EVA 3mm PPT L R
 PORON/PPT LUNASOFT 3mm 1.5mm
 MORTONS EXTENSION L R
 MET DOME L R

OTHER INSTRUCTIONS

REQUIRED RETURN DATE _____
 SUPER RUSH EXTRA CHARGE