

PLEASE USE PEN WHEN FILLING OUT DETAILS

PODIATRIST _____
PRACTICE/ ADDRESS _____

PHONE _____

PLEASE PRINT CLEARLY

PATIENTS NAME _____

This section must be completed for warranty

SHOE SIZE (in men's US) _____

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 3.5 4 RIBS

POLYPROPYLENE (CLEAR) 3 4 5

POLY 2mm / PPT ARCH FILL

EVA

SHELL GRIND

LEFT

RIGHT

STANDARD

WIDE

NARROW

MEDIAL FLARE

HIGH MEDIAL FLARE

LATERAL FLANGE

MET DOME IN SHELL

SLIMMER

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

NYLON (3D ONLY) s

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 VARUS VALGUS

REVERSE MORTONS (2-5) EVA 3mm PPT L R

PORON/PPT 3mm 1.5mm LUNASOFT

MORTONS EXTENSION L R

MET DOME L R

OTHER INSTRUCTIONS

PREFERRED RETURN DATE _____

Please allow a 2 week turnaround