

Practioner Informtion:

[Empty box for Practitioner Information]

Date: _____

Lab# _____ Charge (lab use only) _____

Name [Grid of 25 small boxes]

Shell Modifications

1st Ray Cutout Left Right

Hole in Heel of Shell PPT Plug Left Right

Narrow Shell Amount _____ Left Right

Shorten Shell Amount _____ Left Right

Raise Arch Amount _____ Left Right

Lower Arch Amount _____ Left Right

Posting

Right **Left**

Forefoot Intrinsic _____ Varus Intrinsic _____ Varus
 Extrinsic _____ Valgus Extrinsic _____ Valgus

Rearfoot Intrinsic _____ Varus Intrinsic _____ Varus
 Extrinsic _____ Valgus Extrinsic _____ Valgus

Plantar Fill Arches Soft(Poron) Firm(Crepe) Black P-Zote

Heel Lift Right _____ Left _____

ADJUSTMENT / REFURBISHMENT

Special Instructions:

Accommodations / Modifications

Met Pad (proximal to met heads) Left Right Heel Spur (Horseshoe Pad) Left Right

Met Raise (placed under met heads) Left Right Pockets (Mark placement on Orthotic) Left Right

Left 1 2 3 4 5 Right 1 2 3 4 5 Arch Pad Left Right

Heel Cushion Left Right Morton's Extension: Rigid ____ Soft ____ Left Right

Heel Spur Pocket (In Cushion) Left Right

Top Covers

No Cover (Satin Finish) Vinyl Cover Tan Blue Black Brown

Suede Cover (Brown) Diabetic Cover (Plastazote & Poron)

Neoprene Cover Black Blue Bamboo (Antifungal)

Perf-Lite Cover Black Blue MC Puff (Swirl) Cover Pink Blue Purple Gray

Red/Purple/Yellow Orange/Yellow Yellow/Black/Gray

Top Cover Depth

No Cushioning 1/16" Total Thickness 1/8" Total Thickness 3/16" Total Thickness Other Thickness _____

Top Cover Length

Mets (Shell Only) Sulcus (3/4 Length) Toes (Full Length)

Shoe Size _____

Bottom Covers

Microcell Puff Black (standard) Red Yellow

Synthetic Suede (Brown) Vinyl

Bottom Cover Length

Entire Plantar Surface Distal Plantar Surface

ADJUSTMENT / REFURBISHMENT