



FootCraft Orthotic Laboratory
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LAB USE ONLY	
DATE REC	
REF#	

PATIENT	<input type="text"/>	PODIATRIST	<input type="text"/>
AGE	<input type="text"/>	SEX	<input type="text"/>
WEIGHT	<input type="text"/>	SHOE SIZE	<input type="text"/>
ADDRESS		<input type="text"/>	
PHONE		<input type="text"/>	DATE
		<input type="text"/>	<input type="text"/>

RETURN DATE : RAPID RETURN (DESPATCHED 48 HRS FROM RECEIPT)

CAST MODIFICATIONS

MODIFICATION METHOD	REARFOOT CORRECTION		EXTRA TALO-NAVIC CONTROL
<input type="checkbox"/> MODIFIED ROOT (STD) <input type="checkbox"/> INVERTED <input type="checkbox"/> MEDIAL SKIVE <input type="text"/> mm <input type="checkbox"/> MY STYLE * <input type="checkbox"/> OTHER <input type="text"/>	LEFT	RIGHT	<input type="checkbox"/> EXTRA MID ARCH CONTROL <input type="checkbox"/> CUBOID NOTCH - S <input type="checkbox"/> M <input type="checkbox"/> ME <input type="checkbox"/> D <input type="checkbox"/> LG <input type="checkbox"/> <input type="checkbox"/> EXTRA HEEL EXPANSION <input type="checkbox"/> MINIMAL HEEL EXPANSION <input type="checkbox"/> NO LATERAL HEEL CUP (STD WIDTH) <input type="checkbox"/> PLANTAR FASCIA GROOVE <input type="checkbox"/> EXTRA PLASTER FIRST RAY
	DEGREES	DEGREES	
	INVERTED	INVERTED	
	EVERTED	EVERTED	

SHELL

SHELL MATERIAL	SHELL ACCOMODATIONS	POSTING
<input type="checkbox"/> 4.5MM POLYPROP' (STD) <input type="checkbox"/> 3 MM POLYPROP' <input type="checkbox"/> CARBON FIBRE <input type="checkbox"/> EVA - SOFT <input type="checkbox"/> EVA - MEDIUM <input type="checkbox"/> EVA - FIRM <input type="checkbox"/> LAB DISCRETION <input type="checkbox"/> MY STYLE *	<input type="checkbox"/> MORTONS EXT (L) <input type="text"/> mm (R) <input type="text"/> mm <input type="checkbox"/> APERTURED HEEL S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> FIRST RAY CUT OUT <input type="checkbox"/> LOW BULK GRIND COBRA <input type="checkbox"/> <input type="checkbox"/> HIGH HEEL CUP <input type="text"/> mm <input type="checkbox"/> MEDIAL FLARE <input type="checkbox"/> MEDIAL FLANGE <input type="checkbox"/> LATERAL FLANGE <input type="checkbox"/> MY STYLE *	<input type="checkbox"/> REARFOOT EVA POSTS <input type="checkbox"/> HEEL RAISE <input type="text"/> mm <input type="checkbox"/> NO HEEL PLATE <input type="checkbox"/> EVA ARCH FILL - DENSITY <input type="text"/> <input type="checkbox"/> FOREFOOT EVA POSTS LEFT <input type="text"/> DEGREES <input type="checkbox"/> INV <input type="checkbox"/> EV RIGHT <input type="text"/> DEGREES <input type="checkbox"/> INV <input type="checkbox"/> EV

PADDING / COVERS

COVER LENGTH	PADDING	SM MET DOMES	COVERS
<input type="checkbox"/> SHELL <input type="checkbox"/> WEB <input type="checkbox"/> FULL	S HELL <input type="checkbox"/> FOREFOOT <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/> <input type="checkbox"/> 1.5mm PPT <input type="checkbox"/> <input type="checkbox"/> 3.0mm PPT <input type="checkbox"/>	<input type="checkbox"/> MED MET DOMES <input type="checkbox"/> LG MET DOMES <input type="checkbox"/> XL MET DOMES <input type="checkbox"/> OTHER (describe below)	<input type="checkbox"/> VINYL (STD) <input type="checkbox"/> MULTIFORM <input type="checkbox"/> PS VLIES <input type="checkbox"/> VITA <input type="checkbox"/> LEATHER <input type="checkbox"/> NEOPRENE <input type="checkbox"/> OTHER <input type="text"/>

SPECIAL INSTRUCTIONS

* SEPARATE 'MY STYLE ' FORM MUST BE COMPLETED WITH THIS OPTION