



1. PRESCRIBING PRACTITIONER

COORDINATION INFORMATION

Registration Number: Expiry Date:
Name:
Email:
Phone W: M:
Reg. Address:
..... City Post

2. PATIENT INFORMATION

Unique Reference:
Clinic:
DOB: Gender: Weight:
Previous Works Ref:
Orthosis Type:
Shoe Size (cm): Type: Style:

3. ORDER INFORMATION

Date Ordered: Click or tap to enter a date.
WR No:
Account:
Delivery:
Service:
Authority:

Manufacture Method: -- ADDITIVE MANUFACTURE (Printed) [100% Renewable | 80%] -- REDUCTIVE MANUFACTURE (Milled) -- TRANSITION ORTHOSES [bespoke stock] -- VAC FORMED [see additive]

4. SCAN / CAST / INTRINSIC CORRECTIONS

SHELL REQUIREMENTS

Calcaneal Position Correction: ± Left° ° ± Right° °
+Varus/-Valgus Forefoot Position Correction: ± Left ° | ± Right ° -- OR --
Balance FOREFOOT at [..... °] to REARFOOT at [..... °]
Arch Exp: Medial @ | Lateral @ -- OR -- @ 1/3 MEDIAL + 2/3 LATERAL
Arch Fill: mm -- OR -- Peak Arch Height @ sub navicular: mm
Heel Exp: Medial @ | Lateral @ -- OR -- @ ratio: 1/3 MEDIAL + 2/3 LATERAL
Max Heel Width Foot: mm | Max Total Internal Shoe Heel Width: mm
Internal HeelCup Height at desired HeelWidth - Med: mm | Lateral : mm
Anatomical Fit: TCI Full Foot | TCI to Mets | Other - Global Smoothing Factor %

6. REARFOOT ADAPPTIONS

SHELL REQUIREMENTS

Intrinsic Rearfoot Post | Extrinsic Rearfoot Post + Post Material:
Post Type: Arch Backfill: & Shape:
LEFT ° Inversion (Varus) ° **RIGHT**
..... ° Eversion (Valgus) °
..... mm Device Pitch mm
..... ° LAT Motion Grind ° LAT
..... mm Heel Elevation* mm

7. FOREFOOT ADAPPTIONS

EXTERNAL ADAPPTIONS 1

..... ° OR mm Medial Extrinsic Forefoot Post ° OR mm
..... ° OR mm Lateral Extrinsic Forefoot Post ° OR mm
..... Lateral Border Post Length
..... ° MED Forefoot Motion Grind ° MED

8. TOPCOVERS & DEFLECTIONS - THESE REQUIRE MARKINGS

EXTERNAL ADAPPTIONS 2

Topcover Length: | Material:
LEFT Medial Arch Pad **RIGHT**
..... Metatarsal Dome
..... Metatarsal Bar
1 + 2 + 3 + 4 + 5 FF Balance Pad 1 + 2 + 3 + 4 + 5
1|2 + 2|3 + 3|4 + 4|5 Neuroma Plug 1|2 + 2|3 + 3|4 + 4|5

9. BRIEF NOTES

WRITTEN COMMUNICATION

10. MEDICAL AUTHORITY - MANUFACTURE CANNOT COMMENCE WITHOUT THIS SECTION COMPLETED IN FULL

MUST HAVE

PRACTITIONER SIGNATURE	REGISTRATION NUMBER	DATE
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5. SHELL ADAPPTIONS - REQUIRE ANATOMY MARKINGS

LEFT		RIGHT
..... mm	Shell Material
∅ mm @ mm	Minimal Shell Thickness	..... mm
∅ mm @ mm	Cuboid Notch (Elevation)	∅ mm @ mm
∅ mm @ mm	Cuboid Recess	∅ mm @ mm
15° @ mm	Styloid Recess	∅ mm @ mm
FP °/SP °/TP °	Medial Heel Skive	15° @ mm
FP °/SP °/TP °	Lateral Heel Skive	FP °/SP °/TP °
Shape? @ mm	Medial Oblique Shell Inclination	FP °/SP °/TP °
..... ° OR mm	Fascia Groove	Shape? @ mm
..... ° OR mm	FF Varus Angle	..... ° OR mm
SLIM	FF Valgus Angle	..... ° OR mm
..... % of thickness	Shell Shape	.....
..... mm arch exp	Gait Plates	.....
..... mm arch exp	Morton's Extension (Shell)	.....
..... % anterior [in TP]	Lateral Plantar Grind	..... % of thickness
∅ mm	Medial Flange	..... mm arch exp
∅ mm + fill	Lateral Flange	..... mm arch exp
.....	1 st Ray Cut-out <small>(MED 1stMPJ - to - X% anterior to sub-navic)</small>	..... % anterior [in TP]
.....	1 st Met Head Cut-out	∅ mm
.....	Bevelled Heel Aperture	∅ mm + fill
.....	Custom Field 1	.....
.....	Custom Field 2	.....

LEFT		RIGHT
.....	Morton's Extension (Extrinsic)	.....
∅ mm	Reverse Morton's Extension (Extr)	.....
..... ° OR mm	Horseshoe Heel Pad	∅ mm
..... ° OR mm	Forefoot Varus Wedge	..... ° OR mm
..... mm	Forefoot Valgus Wedge	..... ° OR mm
..... mm	Blended Heel Pad Thickness	..... mm



PTO

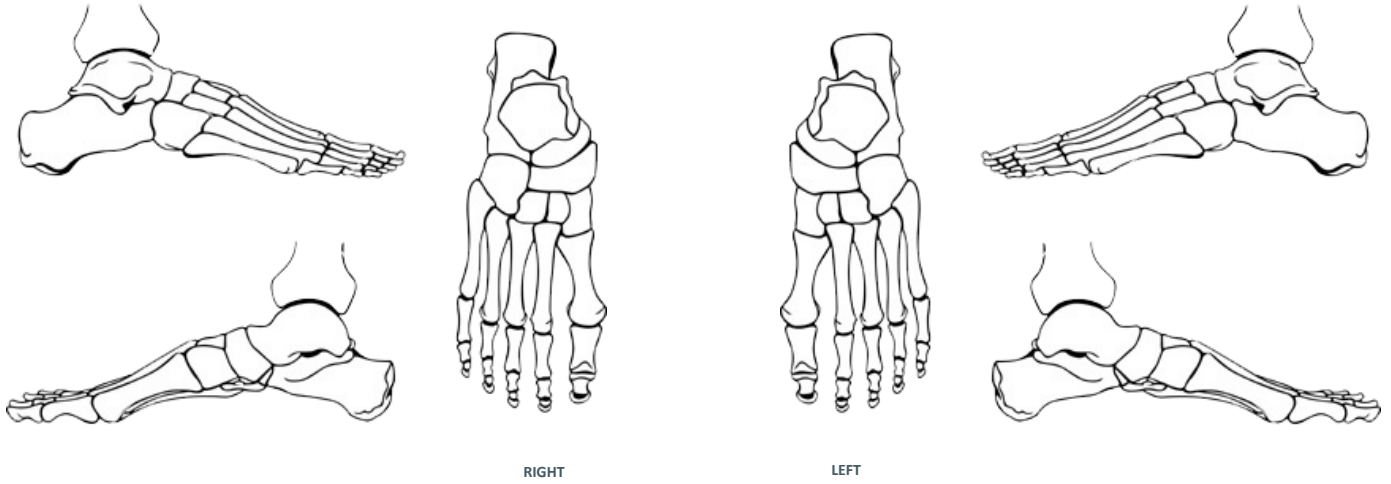
RIGHT

LEFT

SUMMARY OF YOUR CURRENT MANUFACTURING PREFERENCES

- 1.
- 2.
- 3.
- 4.

ADDITIONAL PRESCRIPTION NOTES



IMPORTANT INFORMATION

- Heel seats need to be deep to allow for Medial Heel Skives
- Full authority to manufacture is required before production commences. We manufacture exactly to instruction after the designs are finalised. This not only helps us all provide consistency of product and service, it also saves an enormous amount of the planet's valuable resources, time, materials, and miles travelled.
- Full payment on authority to manufacture. No Credit Terms. Modern banking transactions allow for modern manufacture.
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