

Orthotic Repair Form

Practitioner Information

Name / Client ID: _____

Address: _____ Phone: _____

Patient Information

Patient Name: _____

Orthotic Serial No.:

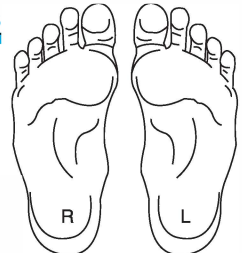
Sex: _____ Weight: _____ Shoe Size: _____ Width: _____

REFURBISH	
<input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> B/L
<input type="checkbox"/> Refurbish to original specs	
Length	<input type="checkbox"/> Met Head <input type="checkbox"/> Sulcus <input type="checkbox"/> Full
Top Cover	Bottom Cover
Extra Cushioning	<input type="checkbox"/> R _____mm <input type="checkbox"/> L _____mm <input type="checkbox"/> Complete <input type="checkbox"/> Forefoot
REPLACE	<input type="checkbox"/> Posting <input type="checkbox"/> R <input type="checkbox"/> L _____
	<input type="checkbox"/> Accommodations <input type="checkbox"/> R <input type="checkbox"/> L _____
REMOVE	<input type="checkbox"/> R <input type="checkbox"/> L _____

REPAIR	
<input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> B/L
Adjust Arches	<input type="checkbox"/> R + / - _____mm <input type="checkbox"/> L + / - _____mm
Posting Values	RIGHT <input type="checkbox"/> FF _____° Varus / Valgus <input type="checkbox"/> RF _____° Varus / Valgus
	LEFT <input type="checkbox"/> FF _____° Varus / Valgus <input type="checkbox"/> RF _____° Varus / Valgus
Length	<input type="checkbox"/> R + / - _____mm <input type="checkbox"/> L + / - _____mm
Width	<input type="checkbox"/> R + / - _____mm <input type="checkbox"/> L + / - _____mm
Reinforce Arch	<input type="checkbox"/> R <input type="checkbox"/> L
Lower Heel Cup	<input type="checkbox"/> R _____mm <input type="checkbox"/> L _____mm
Modify Accommodations	(specify) _____
<input type="checkbox"/> Thickness	<input type="checkbox"/> R + / - _____mm <input type="checkbox"/> L + / - _____mm
<input type="checkbox"/> Change shape or placement as drawn on device	
ADD	<input type="checkbox"/> R <input type="checkbox"/> L _____
REMOVE	<input type="checkbox"/> R <input type="checkbox"/> L _____

Additional Instructions

04/11



_____/_____/_____
SIGNATURE REQUIRED DATE