

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

