

ADJUSTMENTS AND REPAIRS PRESCRIPTION



1593 E. Kent Avenue North,
Vancouver, B.C V5P
604-323-9922 Toll-free: 1-800-603-9235
FAX: 604-323-9337

Dr. Name _____ Patient's Name _____
Phone _____ Serial Number _____
Chief complaint/Diagnosis _____

PLEASE CALL TO MAKE AN APPOINTMENT: Date _____

PLEASE REPLACE POSTS

POSTING INSTRUCTIONS

	L°	R°
Rearfoot Extrinsic	_____	_____
Forefoot Extrinsic	_____	_____
Intrinsic	_____	_____
Heel Raise (specify)	_____	_____

PLEASE REPLACE:

TOP COVER Vinyl Leather
Length Met Sulcus Toes
EXTENSION (with vinyl top cover)
Length Sulcus Toes

MATERIALS 1/16 1/8

Spenco _____
Poron _____
P-cell _____

FOREFOOT ADDITIONS L° R°

1st Metatarsal Cutout _____
2-5 Met Bar Post _____
Aligned Wedge _____
Lesion Accommodation (metatarsal heads)

L					R				
1	2	3	4	5	1	2	3	4	5

SPECIAL INSTRUCTIONS

Signature

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Vancouver, B.C V5P 4Y7
604-323-9922 Toll-free: 1-800-603-9235
FAX: 604-323-9337

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