

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)	_____	_____

SPECIAL ADDITIONS

	L°	R°
Metatarsal Bar	_____	_____
Metatarsal Pad	_____	_____
Neuroma Strip Pad	_____	_____
Specify interspace	_____	_____
Heel Spur	_____	_____
Heel Hole	_____	_____
Heel Pad	_____	_____
Morton's Extension	_____	_____
Arch Pad 1/16 1/8 3/16	_____	_____
Medial Navicular Flare	_____	_____

SPECIAL INSTRUCTIONS

Signature

ADJUSTMENTS AND REPAIRS PRESCRIPTION



1593 E. Kent Avenue North,
Vancouver, B.C V5P 4Y7
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 _____

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POSTING INSTRUCTIONS

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

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Heel Hole	_____	_____
Heel Pad	_____	_____
Morton's Extension	_____	_____
Arch Pad 1/16 1/8 3/16	_____	_____
Medial Navicular Flare	_____	_____

SPECIAL INSTRUCTIONS

Signature

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

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