

### CLINIC/ C-LAB DETAILS

### PATIENT DETAILS

|                      |   |
|----------------------|---|
| Practitioner's Name: | First Name:   |
| Address:             | Last Name:  |
|                      | Age: _____ years    Gender: <input type="radio"/> M <input type="radio"/> F <input type="radio"/> O |
|                      | Weight: _____ Kgs    Height: _____ cms  |
| Zip Code:            | Shoe Size: _____  |
| Phone Number:        | Shoe Width: <input type="radio"/> Wide <input type="radio"/> Medium <input type="radio"/> Narrow    |
| Email:               | Arch Type: <input type="radio"/> Flat <input type="radio"/> Normal <input type="radio"/> High       |

### CLINICAL EVALUATION

| Sl | CLINICAL ISSUES | LEFT FOOT                | RIGHT FOOT               |
|----|-----------------|--------------------------|--------------------------|
| 1. |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. |                 | <input type="checkbox"/> | <input type="checkbox"/> |

### ORTHOTICS

#### ORTHOTICS TYPE

#### HARD SHELL THICKNESS

Functional Orthotics   
  UCBL   
  SMO   
  2 mm   
  2.5 mm   
  3 mm

#### For Finished Product

#### TOP LAYER LENGTH

#### TOP LAYER TYPE

Full   
  3/4th   
  Sulcus   
  Performance   
  Active   
  Memory   
  Comfort   
  SlimFlex

#### For Hard Shell Only

#### PLANNED TOP LAYER THICKNESS

3 mm   
  3.5 mm   
  4 mm   
  4.5 mm   
  5 mm

### FUNCTIONAL ORTHOTIC DESIGN PARAMETERS

|                | LEFT LOWER LIMB  | RIGHT LOWER LIMB   |
|----------------|--|--|
| MEDIAL WEDGE   | <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High <input type="radio"/> None | <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High <input type="radio"/> None |
| LATERAL WEDGE  | <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High <input type="radio"/> None | <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High <input type="radio"/> None |
| ARCH RAISE     | _____ mm   | _____ mm   |
| HEEL CUP DEPTH | _____ mm   | _____ mm   |
| HEEL RAISE     | _____ mm   | _____ mm   |

Note: Low = 5°, Medium = 10°, High = 15°

### ADDITIONAL CLINICAL INSTRUCTIONS

### FOR ADMIN USE ONLY

|                             |
|-----------------------------|
| ORDER:                      |
| RECEIVED DATE:              |
| DESPATCH DATE:              |
| ACCOUNT:                    |
| CLINICAL SUPPORT COMPLETED: |