

### PRACTITIONER DETAILS

<b>NAME</b>	<b>SERVICE:</b> 10 WORK. DAYS <input type="checkbox"/> 5 WORK. DAYS* <input type="checkbox"/> 2 WORK. DAYS* <input type="checkbox"/>
<b>ADDRESS</b>	*Inc. Next Day Delivery - Charges Apply
<b>EMAIL</b>	<b>ORDER TYPE:</b> 1ST PRESCRIPTION <input type="checkbox"/> PROTECT CLAIM <input type="checkbox"/>
<b>TEL.</b>	REPEAT <input type="checkbox"/> GUARANTEE <input type="checkbox"/>
	REFURBISHMENT <input type="checkbox"/> REPLACEMENT <input type="checkbox"/>
	<b>ACCOUNT NUMBER</b> <input style="width: 100%;" type="text"/>

### PATIENT DETAILS

<b>NAME</b> <input style="width: 90%;" type="text"/>	<b>SHOE SIZE*</b> <input style="width: 80%;" type="text"/> *Required
<b>MALE</b> <input type="checkbox"/> <b>FEMALE</b> <input type="checkbox"/> <b>AGE</b> <input style="width: 40px;" type="text"/> <b>WEIGHT</b> <input style="width: 40px;" type="text"/>	<b>PAIR</b> <input type="checkbox"/> <b>LEFT</b> <input type="checkbox"/> <b>RIGHT</b> <input type="checkbox"/>

### DEVICE TYPE

VACUUM FORMED EVA (3/4 Length) <input type="checkbox"/>	DIRECT MILLED EVA (3/4 Length) <input type="checkbox"/>	EVA DENSITY: LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH <input type="checkbox"/>
VACUUM FORMED POLYPROP. <input type="checkbox"/>	DIRECT MILLED EVA (Full Length) <input type="checkbox"/>	<b>CARBON:</b> FLEXIBLE <input type="checkbox"/> SEMI-RIGID <input type="checkbox"/> RIGID <input type="checkbox"/>
VACUUM FORMED CARBON FIBRE <input type="checkbox"/>	DIRECT MILLED TCI (Smooth Forefoot) <input type="checkbox"/> (Contoured Forefoot) <input type="checkbox"/>	<b>POLYPROP:</b> SEMI-FLEX (Direct Milled Only) <input type="checkbox"/> SEMI-RIGID <input type="checkbox"/> RIGID <input type="checkbox"/>
VACUUM FORMED TOPRELLE <input type="checkbox"/>	DIRECT MILLED POLYPROP. (Clear) <input type="checkbox"/> (Black) <input type="checkbox"/>	<b>OTHER DEVICE:</b> <input style="width: 150px;" type="text"/> <span style="color: red; font-weight: bold; font-size: small;">PLEASE SEE CATALOGUE</span>
VACUUM FORMED POLY-NYOLENE <input type="checkbox"/>	DIRECT MILLED POLYETHYLENE (White) <input type="checkbox"/>	

### CAST SPECIFICATION

<b>ARCH PROFILE:</b> <input type="checkbox"/> NO ADDITION	<input type="checkbox"/> STANDARD 3MM ADDITION (LOWERING ARCH)	<input type="checkbox"/> EXTRA 3MM ADDITION (6MM)
<b>LATERAL EXPANSION:</b> <input type="checkbox"/> NO ADDITION	<input type="checkbox"/> STANDARD 3MM ADDITION (WIDENING HEEL)	<input type="checkbox"/> EXTRA 3MM ADDITION (6MM)

### REARFOOT POSTING

L <input style="width: 30px;" type="text"/> °	MED <input type="checkbox"/> LAT <input type="checkbox"/>	EXT <input type="checkbox"/> INT <input type="checkbox"/>	HEEL RAISE <input style="width: 30px;" type="text"/> MM	KIRBY SKIVE <input style="width: 30px;" type="text"/> MM
R <input style="width: 30px;" type="text"/> °	MED <input type="checkbox"/> LAT <input type="checkbox"/>	EXT <input type="checkbox"/> INT <input type="checkbox"/>	HEEL RAISE <input style="width: 30px;" type="text"/> MM	KIRBY SKIVE <input style="width: 30px;" type="text"/> MM






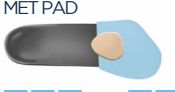

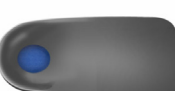


### FOREFOOT POSTING

L <input style="width: 30px;" type="text"/> °	MED <input type="checkbox"/> LAT <input type="checkbox"/>	EXT <input type="checkbox"/> INT <input type="checkbox"/>	SULCUS <input type="checkbox"/>	FHL MODIFICATION <input type="checkbox"/>
R <input style="width: 30px;" type="text"/> °	MED <input type="checkbox"/> LAT <input type="checkbox"/>	EXT <input type="checkbox"/> INT <input type="checkbox"/>	SULCUS <input type="checkbox"/>	FHL MODIFICATION <input type="checkbox"/>

### SHELL SPECIFICATION

HIGH MED. FLANGE L <input type="checkbox"/> R <input type="checkbox"/>	1st MET CUT OUT L <input type="checkbox"/> R <input type="checkbox"/>
LATERAL FLANGE L <input type="checkbox"/> R <input type="checkbox"/>	1st RAY CUT OUT L <input type="checkbox"/> R <input type="checkbox"/>
HEEL CUP HEIGHT L <input style="width: 30px;" type="text"/> R <input style="width: 30px;" type="text"/> MM	REDUCE BULK L <input type="checkbox"/> R <input type="checkbox"/>
PITCH L <input style="width: 30px;" type="text"/> R <input style="width: 30px;" type="text"/> MM	ULTRA LOW BULK L <input type="checkbox"/> R <input type="checkbox"/>
	CUT ORTHOSES NARROW L <input type="checkbox"/> R <input type="checkbox"/>

### ADDITIONS

<b>MORTON EXTENSION</b>  <input type="checkbox"/> L <input type="checkbox"/> R	<b>REVERSE MORT. EXT.</b>  <input type="checkbox"/> L <input type="checkbox"/> R	<b>BALANCE PAD</b>  L <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 R <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<b>HEEL SPUR PAD</b>  <input type="checkbox"/> L <input type="checkbox"/> R
<b>MET BAR</b>  <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>   <input type="checkbox"/> L <input type="checkbox"/> R	<b>MET PAD</b>  <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>   <input type="checkbox"/> L <input type="checkbox"/> R	<b>HEEL PAD</b>  <input type="checkbox"/> L <input type="checkbox"/> R	<b>HEEL PUNCH</b>  <input type="checkbox"/> L <input type="checkbox"/> R
<b>NEUROMA PLUG</b>  <input type="checkbox"/> L <input type="checkbox"/> R	<b>VALGUS PAD</b>  <input type="checkbox"/> L <input type="checkbox"/> R		

### MID LAYERS

<b>LENGTH TO:</b>			
3/4 LENGTH <input type="checkbox"/>	FOREFOOT ONLY <input type="checkbox"/>	FULL LENGTH <input type="checkbox"/>	
<b>MATERIAL:</b>			
PPT (1.5mm) <input type="checkbox"/>	PORON (GREY, 1.6mm) <input type="checkbox"/>	EVA (LOW DENS, 1mm) <input type="checkbox"/>	
PPT (3mm) <input type="checkbox"/>	PORON (GREY, 3.2mm) <input type="checkbox"/>	EVA (LOW DENS, 3mm) <input type="checkbox"/>	
PPT (4.5mm) <input type="checkbox"/>	PORON (GREY, 6.4mm) <input type="checkbox"/>	EVA (LOW DENS, 6mm) <input type="checkbox"/>	
PPT (6mm) <input type="checkbox"/>	PORON (GREY, 12mm) <input type="checkbox"/>	EVA (MEDIUM DENS, 1mm) <input type="checkbox"/>	
PORON 92 (3mm) <input type="checkbox"/>	PORON VIVE (1.5mm) <input type="checkbox"/>	EVA (MEDIUM DENS, 2mm) <input type="checkbox"/>	
PORON 92 (6mm) <input type="checkbox"/>	PORON VIVE (2mm) <input type="checkbox"/>	EVA (MEDIUM DENS, 3mm) <input type="checkbox"/>	
PORON 94 (1.5mm) <input type="checkbox"/>	PORON VIVE (2.5mm) <input type="checkbox"/>	EVA (MEDIUM DENS, 4mm) <input type="checkbox"/>	
PORON 94 (3mm) <input type="checkbox"/>	PORON VIVE (3mm) <input type="checkbox"/>	EVA (MEDIUM DENS, 6mm) <input type="checkbox"/>	
PORON 94 (6mm) <input type="checkbox"/>	PORON VIVE (4mm) <input type="checkbox"/>	EVA (HIGH DENS, 6mm) <input type="checkbox"/>	
PORON XRD (1.5mm) <input type="checkbox"/>	PORON XRD (3mm) <input type="checkbox"/>	PORON XRD (6mm) <input type="checkbox"/>	
OTHER MATERIAL: <input style="width: 150px;" type="text"/>			

### TOP COVER

<b>LENGTH TO:</b>			
3/4 LENGTH <input type="checkbox"/>	SULCUS <input type="checkbox"/>	FULL LENGTH <input type="checkbox"/>	
<b>MATERIAL:</b>			
LBG VINYL (BLACK) <input type="checkbox"/>	EVA PLAIN (BLACK) <input type="checkbox"/>	NEOPRENE (BLACK, 1.5mm) <input type="checkbox"/>	
LBG VINYL (WHITE) <input type="checkbox"/>	EVA PLAIN (BLUE) <input type="checkbox"/>	NEOPRENE (BLACK, 3mm) <input type="checkbox"/>	
ULTRA VINYL (BLACK) <input type="checkbox"/>	EVA PLAIN (GREY) <input type="checkbox"/>	SUEDE (BLACK) <input type="checkbox"/>	
ULTRA VINYL (SILVER) <input type="checkbox"/>	EVA PLAIN (RED) <input type="checkbox"/>	SUEDE (BROWN) <input type="checkbox"/>	
RX VINYL (BLACK) <input type="checkbox"/>	EVA MARBLE (BLACK) <input type="checkbox"/>	SUEDE (BEIGE) <input type="checkbox"/>	
RX VINYL (BEIGE) <input type="checkbox"/>	EVA MARBLE (BLUE) <input type="checkbox"/>	LEATHER (CALF SKIN, BLACK) <input type="checkbox"/>	
RX VINYL (GREY) <input type="checkbox"/>	EVA MULTI (5 COLOUR) <input type="checkbox"/>	LEATHER (PIG SKIN, BEIGE) <input type="checkbox"/>	
RX VINYL (PINK) <input type="checkbox"/>	EVA MULTI (BLUE/PURPLE) <input type="checkbox"/>	LEATHER (RX COW SKIN, GREY) <input type="checkbox"/>	
SPENCO (BLUE, 1.5mm) <input type="checkbox"/>	SPENCO (GREEN, 3mm) <input type="checkbox"/>	LEATHER (PERFORATED CALF SKIN, BEIGE) <input type="checkbox"/>	
OTHER MATERIAL: <input style="width: 150px;" type="text"/>			

<b>PRACTITIONER SIGNATURE:</b> <input style="width: 90%;" type="text"/>	<b>DATE:</b> <input style="width: 80%;" type="text"/>	<b>HCPC NUMBER:</b> <input style="width: 90%;" type="text"/>
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**NOTE:** This prescription is used as a direct work instruction and will be followed exactly - Lab. defaults will be used where details are omitted - (Prescription 04.03.19)

## IMPORTANT

- Vacuum formed devices not available with intrinsic R/F and a Kirby
- Vacuum formed devices not available with intrinsic R/F and a heel raise
- Ray cut out not available with a medial flange
- Intrinsic R/F not available with a heel cut out
- Heel seats have to be deep to allow for Kirbys
- Cut narrow not available with deep heel seats and flanges
- Templates are kept for 6 months – For any repeats over this period we will need new templates whether for padding or length - Scanned or faxed copies of the prescription will be not accepted

## ADDITIONAL INFORMATION



## RETURNS & ADJUSTMENTS INFORMATION