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Effective May 1,2010

DATE SENT TO LAB \_\_\_\_\_

# ADJUSTMENT FORM

## PATIENT INFORMATION

Name \_\_\_\_\_

Age Sex \_\_\_\_\_ Wt. Shoe Size Shoe Type \_\_\_\_\_

Occupation \_\_\_\_\_ Activity Level \_\_\_\_\_

Symptoms/Diagnosis \_\_\_\_\_

## ACCOUNT INFORMATION

Practice Name / Practitioner \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

PLEASE COMPLETE FOR FASTER SERVICE

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## POSTING INSTRUCTIONS

<p align="center"><b>REARFOOT</b></p> <p><input type="checkbox"/> Extrinsic    <input type="checkbox"/> Intrinsic    <input type="checkbox"/> No Post        (3" Post - Lab Std.)</p> <p>L _____ Varus _____ Motion _____        R _____ Varus _____ Motion _____</p> <p><input type="checkbox"/> Omit Posting Plate for Decreased Bulk  <input type="checkbox"/> Grind Shell PaperThin for Decrease Bulk</p> <p><input type="checkbox"/> Heel Rise      <input type="checkbox"/> Left Height _____         <input type="checkbox"/> Right Height _____</p>	<p align="center"><b>FOREFOOT</b></p> <p><input type="checkbox"/> To Cast    <input type="checkbox"/> Intrinsic    <input type="checkbox"/> Extrinsic        (To Cast Intrinsic - Lab Std.)</p> <p>L _____ Varus _____ Valgus _____        R _____ Varus _____ Valgus _____</p> <p><input type="checkbox"/> Omit Posting Plate for Decreased Bulk</p>
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## SUPPLIES

Prescription Forms  
 Adjustment Forms  
 Adjustment Mailers  
 Prepaid Postage Labels  
 precisINSURE Insurance Forms

## FOR LAB USE ONLY

Log # \_\_\_\_\_  
 Return Cast:  
 Shoes (1) (2)

## DESIGN INSTRUCTIONS

**Castwork**

Widen Heel on Cast:  1/16"  1/8"  1/4"  3/8"  \_\_\_\_\_ Other

Lower Arch on Cast:  None (Type 1)  1/8" (Type 2)  1/4" (Type 3 - Lab Std.)  3/8" (Type 4)  1/2" (Type 5)

Raise Arch on Cast:  1/16"  1/8"  \_\_\_\_\_ Other

Medial Skive:  Right \_\_\_\_\_  Left \_\_\_\_\_  Both \_\_\_\_\_ mm \_\_\_\_\_

Pitch:  Right \_\_\_\_\_  Left \_\_\_\_\_  Both \_\_\_\_\_ mm \_\_\_\_\_

**Grinding & Shaping**

Narrow (Bisect 1st & 5th)  Regular (1st & 5th - Lab Std.)  Wide (Full Foot Width)

Cut Out 1st Met Head on Plate  Right  Left  Both

Cut Out 1st Ray on Plate  Right  Left  Both

Medial Flange  Slight  Regular (Lab Std.)  High  Right  Left  Both

Lateral Flange  Slight  Regular (Lab Std.)  High  Right  Left  Both

**Heel Cup**

Flat (4mm)  Shallow (8 mm)  Regular (12mm - Lab Std.)  Deep (16mm)  Other \_\_\_\_\_ mm

**Arch Fill**

Foam Fill Under Arch on Orthotic  Full  Medium  Slight

## SELECT TOP COVER LENGTH/MATERIAL

**Topcover Length**

Met Heads (Lab Std.)  Sulcus  Full

Use Template Number \_\_\_\_\_

**Topcover Material**

Vinyl (Lab Std.)  Neoprene (Fabric Bonded)  Leather  Supplehide (Deep Heel Cup)  EVA

## SELECT EXTENSION MATERIAL/THICKNESS

Celon (Lab Std.)  Natural Sponge Rubber  Plastizote  Porozote (poron/plastizote diabetic laminate)





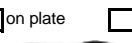







1/16" (Lab Std.)  1/8"  3/16"  1/4"

Pad Extension Only  Pad Heel to Toe

Suede Bottom Cover

Other:

## SPECIAL PADDING INSTRUCTIONS

<p><input type="checkbox"/> <b>Heel Pad</b> Ease Pain at Heel Strike  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> <b>Heel Spur Pad</b> Ease Pain of Heel Spurs  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> <b>Heel Pocket</b> Ease Pain of Heel Spurs  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> <b>Metatarsal Pad</b> Raise Metatarsal Heads  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both  <input type="checkbox"/> on plate <input type="checkbox"/> beyond plate <input type="checkbox"/> cutout as marked</p> <p><input type="checkbox"/> <b>Dancer's Pad</b> Ease Pain of Sesamoiditis  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> <b>Met Bar Pad</b> Raise Met Heads/ Support Shafts  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p>	<p><input type="checkbox"/> <b>Neuroma Pad</b> Ease Pressure on Neuroma  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> <b>Toe Crest</b> For Hammertoe Deformity  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> <b>Scaphoid Pad</b> Additional Arch Support  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> <b>Morton's Extension</b> Dorsiflexed 1st Ray  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> <b>Carlton Saddle</b> Support Plantar Fascia/Arch  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> <b>Pocket as Marked</b> Forefoot Lesions  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p>PLEASE MARK YOUR CASTS FOR ACCURATE POCKETING</p>
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## SPECIAL INSTRUCTIONS

Accommodate as Indicated/Special Instructions :

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\_\_\_\_\_

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Physician's signature \_\_\_\_\_



Plantar View of the Foot

Log #