

Refurbishment and Adjustment Form

Version 1

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Podiatrist	_____	Patient name (BLOCK LETTERS)	_____
Account to	_____	Age	_____ Sex _____ Weight _____
Address	_____	Symptoms	_____
Contact Ph No	_____		
Return Date (required)	_____		

Recover as is ☐

Recover and re-post as is ☐

OR

Re-cover as below ☐

Cover

Vinyl _____ with Poron _____
(underlay to shell)

AMB ☐

Neoprene _____

2mm EVA _____

Leather _____

Multiform (3mm) _____

Conforma-cover _____

Extension

Poron _____ Sulcus ☐ Toes ☐

Neoprene _____ Sulcus ☐ Toes ☐

FFT Extension Reinforcement (underlay) _____

Re-post as below ☐

Postings

Rearfoot

Nil ☐ Plantar Heel Shell Grind ☐ Apertured _____

EVA _____ Cork ☐ Poly ☐ Cobra Slim ☐

L _____ ° / _____ ° R _____ ° / _____ °

Medially Flared Posts Left ☐ Right ☐

Laterally Flared Posts Left ☐ Right ☐

Heel Raise Left _____ mm Right _____ mm

Heel Elevation (Pitch of footwear) _____ mm

Forefoot

Intrinsic: Bal. to Cast ☐

Extrinsic: EVA ☐ Cork ☐

L _____ ° R _____ °

Plantar EVA Arch Fill _____

Adjustment Details

Lab Use

Date In _____

Date Out _____

Job No