

Refurbishment and Adjustment Form

Version 2

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Podiatrist

Account to

Address

Contact Ph No

Return Date (required)

Patient name
(BLOCK LETTERS)

Age

Sex

Weight

Symptoms

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

°

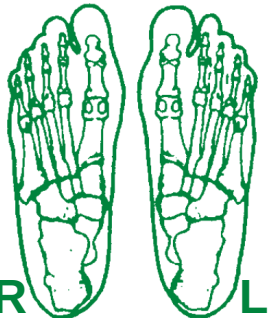
R

°

Plantar EVA Arch Fill

Optional Padding & Accommodations

Adjustment Details



Lab Use

Date In

Date Out

Job No