

Order Form



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Date _____

Serial No (Lab Only)

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PRACTITIONER

PLEASE USE BLOCK LETTERS

Name _____

Address _____

Postcode _____

Phone _____ Email _____

PATIENT

*First Name _____ *Surname _____

*Male Female *Age _____ *Weight (Kgs) _____ *Shoe Size (US/UK) _____

*Sporting Activities/Chief Complaint _____

*Essential Information

IMPRESSION TYPE

Scan Cast Bio-foam

ORTHOSES SPECIFICATION

Type Everyday Cobra Slimline Dress Sports Gait Plates

Thickness 2.5mm 3mm 3.5mm 4mm Other _____ (x0.1mm increments)

Heel Cup Low (6mm) Standard (12mm) Deep (18mm)

Width Normal Narrow – mid Narrow

Accommodation Fascial Groove 1st MPJ Cut-out Intrinsic Met Dome

1st Ray Cut-out Spur Accommodation 4° Medial Pronation Grind Off

Medial Flange Out Morton's Extension Club Foot

Posting

Rearfoot

Intrinsic L R — [Varus°
Valgus°

Kirby Skive _____ [MED
LAT
Depth mm

Inverted Blake (10°)

Forefoot

Intrinsic L R — [Varus°
Valgus°

Extrinsic L R — [Varus°
Valgus°

Elevation _____ mm

Heel Raise mm

COVER NO YES

190 EVA 3mm

Shell Only

LUNASOFT 2mm

Sulcus Length

BAMBOO/SPENCO 1.5mm 3mm

Full Length

SPECIAL INSTRUCTIONS

