myPedorthist ...shoes that heel

Footwear Modification & Repair Form

V2015.02.19

JOB COMPLETED BY | DATE

Today's Date: ___/___/_____ Due Date: ___/___/_____

Patient Name: _____ Male / Female

Referred By: _____

Clinic Location: _____ Patient ID: _____

Shoe Type: _____ Model: _____ Size: _____

Choose Your Pedorthic Modification *(please indicate on diagrams below)*

Heel Raise: ☐ L ____ mm ☐ R ____ mm **Stretching:** *(mark on shoe)* ☐ L ☐ R

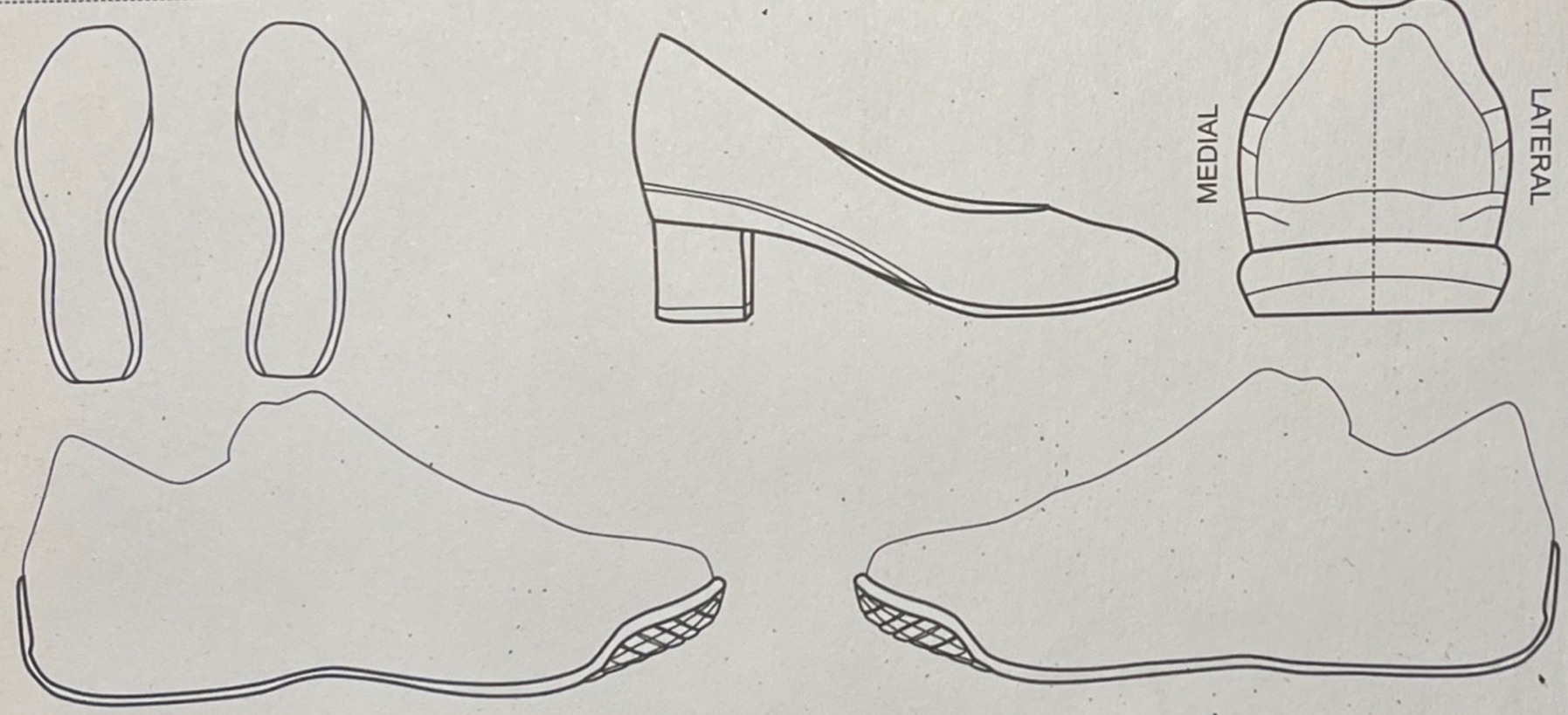
Full-Length Raise: ☐ L ____ mm ☐ R ____ mm *(draw design on shoe profile below)*

Buttress: ☐ L ☐ R ☐ Medial ☐ Lateral ☐ Moderate ☐ Extreme

Relasting: ☐ L ____ mm ☐ R ____ mm

Rocker Sole: ☐ L ____ mm ☐ R ____ mm *(choose your rocker sole on the right)*

Sole Flare: ☐ L ____ mm ☐ R ____ mm ☐ Medial ☐ Lateral



Medial Side

Lateral Side

Choose Your Shoe Repairs *(please indicate on diagrams above)*

Resole: ☐ L ☐ R ☐ Full ☐ Back ☐ Front **Density:** ☐ Medium ☐ Hard

Strap Lengthening: ☐ L ☐ R **Heel Collar:** ☐ L ☐ R

Haglund's Bump Relief: ☐ L ☐ R **Velcro Replacement:** ☐ L ☐ R

Colour Change: From: _____ To: _____

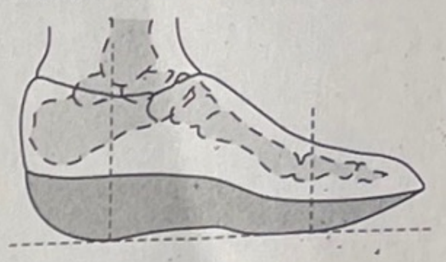
Shoe Conversion: ☐ Lawn Bowls ☐ Golf ☐ Cricket (refer to www.customcricketshoes.com)

Comments

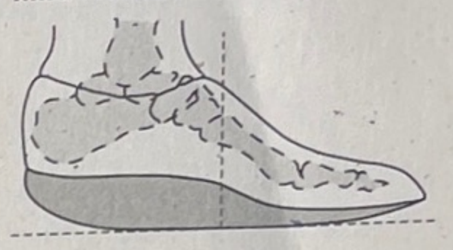
Rocker Soles

☐ Negative Heel Rocker Sole

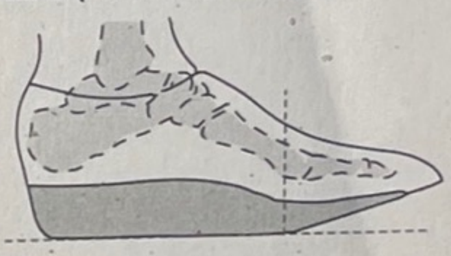
☐ Double Rocker Sole



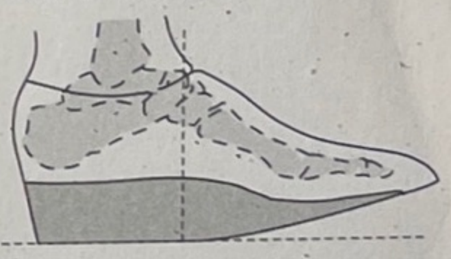
☐ Mild Rocker Sole



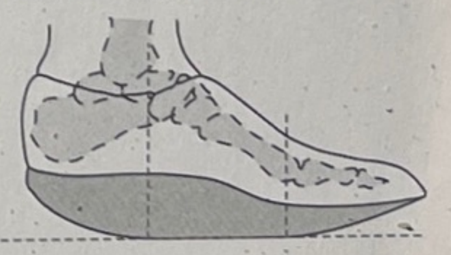
☐ MPJ (Carvelle) Rocker Sole



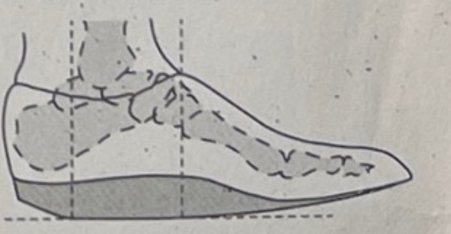
☐ Lisfranc's Rocker Sole



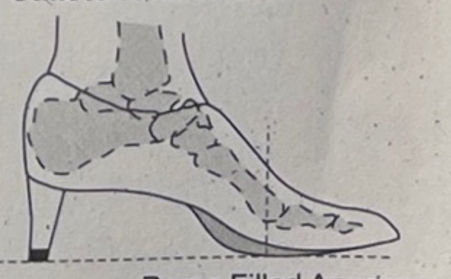
☐ Heel-to-Toe Rocker Sole



☐ Ankle Joint Rocker Sole



☐ Stilleto Rocker Sole



Poron Filled Aperture

OFFICE USE ONLY

Form Scanned: ☐

Quoted Price: $ _____

Codes: _____

Paid: ☐ Unpaid: ☐

Date Collected: _____