

Patient Information (PLEASE PRINT)

Name: _____

Occupation: _____

Sex _____ **Age** _____ **Ht.** _____ **Wt.** _____

Chief Complaint (include pain, type, location, duration) _____

Doctor Information

Name: _____

Address: _____

Phone: (_____) _____

Your Diagnosis

Posting Instructions:

Post to lab values

Post to forefoot intrinsic

Post to these values

Forefoot: Right _____ Varus Valgus Left _____ Varus Valgus

Rearfoot: Right _____ Varus Valgus Left _____ Varus Valgus

<input type="checkbox"/> Buttress	Lateral / Medial		Left	Right	<input type="checkbox"/> Reverse Morton's Extension		Left	Right	
<input type="checkbox"/> Cuboid Pad			Left	Right	<input type="checkbox"/> Morton's Extension		Left	Right	
<input type="checkbox"/> Dancer's Pad (1st, 2nd, 3rd, 4th, 5th)			Left	Right	<input type="checkbox"/> Resole (Orthopedic Only)		Left	Right	
<input type="checkbox"/> Excavations (marked in shoe)			Left	Right	<input type="checkbox"/> Rocker Sole (Orthopedic)		Left	Right	
<input type="checkbox"/> Flare			Left	Right	<input type="checkbox"/> Scaphoid Pad		Left	Right	
<input type="checkbox"/> Heel Grip Pad			Left	Right	<input type="checkbox"/> Shoe Stretch (AS MARKED)		Left	Right	
<input type="checkbox"/> Heel Cushion only			Left	Right	<input type="checkbox"/> Shoe Stretch		Left	Right	
<input type="checkbox"/> Heel Cushion with Centre Pocket			Left	Right	<input type="checkbox"/> SACH Heel		Left	Right	
<input type="checkbox"/> Horseshoe Heel Cushion			Left	Right	<input type="checkbox"/> Shoe Extension		Left	Right	
<input type="checkbox"/> Met Pad R/L			Small	Medium	Large	<input type="checkbox"/> Shuffle Plate (Toe Slider)		Left	Right
<input type="checkbox"/> Metatarsal BAR			Small	Medium	Large	<input type="checkbox"/> Wedge	VARUS / VALGUS	Left	Right

Additional Comments: _____



Heel Raise **LLD RAISE** **Right** **Left**
Size : 1/16" 1/8" 1/4" 1/2" 3/4" 1" **2" 3" 4"** _____

Disclaimer Must Be Read and Signed

I understand shoe modifications will alter the original form of this shoe and will permanently change its nature due to the the accommodations I have chosen. I give COL International full permission to alter this shoe using the appropriate methods whether it be by cutting, stretching, or glueing new materials. Therefore I do not find COL International liable for any permanent changes made to this shoe.

Signed _____ Dated: _____