oolab ORTHOTICS
Driving the orthotic revolution

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FOOTWEAR MODIFICATION FORM

DR/CLINIC INFORMATION

NAME:
ADDRESS:
PHONE:
FAX:
EMAIL:

PLEASE PRINT

PATIENT INFORMATION

NAME:
SEX: ☐ M ☐ F
AGE:
WEIGHT:

DATE OF REQUEST:

SHOE MODEL: **SHOE SIZE:** **COLOUR:**

EXTERNAL FOOTWEAR MODIFICATIONS

Shoe Lift	☐ Heel ☐ Full Length	☐ L _____mm	☐ R _____mm
Rocker Sole	Type: _____	☐ L	☐ R
Sach Heel		☐ L	☐ R
Balloon Patch	Location: _____	☐ L	☐ R
Thomas Heel		☐ L	☐ R
Medial Wedge		☐ L _____mm	☐ R _____mm
Lateral Wedge		☐ L _____mm	☐ R _____mm
Medial Buttress		☐ L _____mm	☐ R _____mm
Lateral Buttress		☐ L _____mm	☐ R _____mm
Toe Slider		☐ L	☐ R
Medial Flare		☐ L _____mm	☐ R _____mm
Lateral Flare		☐ L _____mm	☐ R _____mm

INTERNAL FOOTWEAR ADDITIONS

Heel Grip Pad	☐ L	☐ R
Heel Cushion	☐ L	☐ R
Heel Lift	☐ L	☐ R
Metatarsal Bar Pad	☐ L	☐ R
Metatarsal Pad	☐ L	☐ R
Scaphoid Pad	☐ L	☐ R
Varus Wedge	☐ L _____mm	☐ R _____mm
Valgus Wedge	☐ L _____mm	☐ R _____mm
Metatarsal Accommodation Pad	☐ L	☐ R
Post Amputation Toe Filler	☐ L	☐ R

FOOTWEAR REPAIR

Stretching Location: _____	☐ L	☐ R
Stitching Location: _____	☐ L	☐ R
Velcro Repair	☐ L	☐ R
Resole	☐ L	☐ R
Strap Lengthening	☐ L _____mm	☐ L _____mm

ADDITIONAL NOTES

Shoes purchased from OOLab are NOT refundable once they have been modified.

WHITE - LAB • YELLOW - CLINIC