

133 Moneymore Road
Cookstown Co Tyrone
BT80 9JU

R IRELAND & EUROPE CALL:
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DATE: _____

PRACTITIONER: _____ PATIENT NAME: * _____

CLINIC NAME: _____ PATIENT SHOE SIZE: * _____

ADDRESS: _____ PATIENT WEIGHT: * _____

_____ CHIEF COMPLAINT: _____

EMAIL: _____

TELEPHONE: _____

WARRANTY REPAIR NON WARRANTY

REPAIR/ADJUSTMENTS REQUIRED: (PLEASE PRINT CLEARLY)

THE SPACE BELOW IS FOR REPAIR LAB USE ONLY

ORTHOTIC BRAND	TOPCOVER	THICKNESS	LENGTH	COLOUR	SIZING
FEET 24 7	VINYL	1MM	3/4	BLACK	TRACING
TOG	LUNAIRMED	1.5MM	SULCUS	BLUE	INSOLE
LANGER	LUNASOFT	2MM	FULL LENGTH	GREEN	FOOTWEAR
PEGASUS	SMOOTH LEA.	3MM	VINYL SANDWICH	NAVY	SOFT MEDIAL FLANGE
PPL	ETC	EXTRA PADDING		MARBLE	
OTHER	STARSTUEDE		YES	WHITE	RIGHT
_____	NEOPRENE	NO	RED		
_____	SUEDE LEA		GREY		
	OTHER		BEIGE		
MET PADS	FULL HEEL CUSH.	SCAPH PAD	NEUROMA PADS	FOREFOOT PAD	REARFOOT POST
LEFT	LEFT	LEFT	LEFT 1/2	LEFT	EXTRIN. LEFT
RIGHT	RIGHT	RIGHT	RIGHT 1/2	RIGHT	RIGHT
NORMAL	SPUR PAD	NORMAL	2/3	SULCUS	INTRIN. LEFT
LARGE		LEFT	3/4	F/L	RIGHT
LO PROFILE	RIGHT	LOW	4/5	1.5MM	
HIGH PROFILE		MORTONS EXT.		3MM	
PLACEMENT	ARCH REIN.	LEFT	SUB MET ACCM.	FOREFOOT POSTING EXTRIN.	SHOCK ABSORBER (UNDER HEEL)
10MM DISTAL	LEFT	RIGHT	LEFT 1	LEFT _____°	LEFT
20MM	RIGHT	SOFT	RIGHT 1	RIGHT _____°	RIGHT
_____MM		HARD	2	3/4	RED
TO DRS MARK		REV MORTON	3	SULCUS	MARBLE
MET BAR	POST	LEFT	4	TOPY SOLE	
LEFT	<input type="checkbox"/> REGISTERED MAIL	RIGHT	5	LEFT	
RIGHT	<input type="checkbox"/> NORMAL POST	SOFT		RIGHT	
	<input type="checkbox"/> SIGNED DELIVERY	HARD	HEEL RAISE		
	CONSULT		LEFT _____MM		
DATE RECEIVED: _____	<input type="checkbox"/> CALL	INFO INCOMPLETE	RIGHT _____MM		
LAB RECEIVED: _____	<input type="checkbox"/> EMAILED	<input type="checkbox"/> CALL			
		<input type="checkbox"/> EMAILED	LAB REPAIR COMPLETE: _____		
			DATE SHIPPED: _____		