



GIL HOUSE, UNIT 3, HARDWICK COURT,
HARDWICK VIEW ROAD, HOLMEWOOD,
CHESTERFIELD, DERBYSHIRE, S42 5SA.

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CLINICIAN.....
TELEPHONE NUMBER.....
ADDRESS.....
.....
.....
.....
DATE REQUIRED.....

*** PLEASE FILL IN THE RELEVANT DETAILS TO ENSURE THE PRODUCT COMPLIES WITH YOUR REQUIREMENTS**

PATIENT NAME.....SHOE SIZE.....WEIGHT.....

<u>CUSTOM ORTHOSES</u>	CARBON FIBRE	1.9mm	2.3mm	2.8mm
	POLYPROPYLENE	3.5mm	4.5mm	
	MOULDED EVA ORTHOSES	LOW	MEDIUM	HIGH SHORE.....

<u>PREFORMED SHELL</u>	SHELL SIZE.....	CAST PROVIDED
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<u>REARFOOT POSTING</u>	HEIGHT PITCH <input type="text"/> mm	<u>FOREFOOT POSTING</u>	HEIGHT PITCH <input type="text"/> mm
INTRINSIC LEFT.....°	VARUS / VALGUS	INTRINSIC LEFT.....°	VARUS / VALGUS
EXTRINSIC RIGHT.....°	VARUS / VALGUS	EXTRINSIC RIGHT.....°	VARUS / VALGUS
POST CAP YES/NO	TO METS/TO SULCUS	HEEL CUP HEIGHT <input type="text"/> mm	

<u>SPECIAL CASTWORK</u>			
GRIND SHELL FULL WIDTH / NORMAL / NARROW			
KIRBY SKIVE	L..... mm	R..... mm	CUT OUT 1 ST MET BOTH / RIGHT / LEFT
FEEHREYS	L..... mm	R..... mm	CUT OUT 1 ST RAY BOTH / RIGHT / LEFT

<u>TOP COVERS/EXTENSION</u>	
TOP COVER LENGTH	MET HEADS / SULCUS / FULL LENGTH
TOP COVER MATERIAL	TECHNO NUMBER..... OTHER.....
EXTENSION	HEEL TO TOE / REGULAR
EXTENSION MATERIAL	1mm EVA / 2mm EVA / 3mm EVA / 1.6mm BOUNCEBACK / 3.2mm BOUNCEBACK
OTHER.....	
ENVELOPE	1mm EVA / BLACK MICROFIBRE SUEDE

<u>SPECIAL REQUIREMENTS</u>

OFFICE USE ONLY
RECEIVED
/ /
DATE OUT
/ /