Pine Tree ORTHOPEDIC LAB

SHOE MODIFICATION FORM

www.pinetreeorthopedic.com

175 Park Street •Livermore Falls, ME 04254 Toll Free: 1-855-735-PTOL Fax: (207) 897-1117 email: info@pinetreeorthopedic.com

Company: _____

PO#_____

Ship to: _____

_____

_____

Contact #(____) _____

Practitioner: _____

Patient Name:_____

Age:_____ Weight:_____

❍Male ❍Female

Shoe Brand/Type:_____

Shoe Size/Width:_____

❍Right ❍Left ❍Both

LAB USE ONLY

ORDER ID:_____

Date In:_____ Date Out:_____

STRETCH SHOE(S)

❍With Ball & Ring

Location_____

❍Last Stretch Width of last to use_____

Last on_____ Last off_____

SPECIAL MODIFICATIONS

❍Transfer Caliper Plate

*Please provide tracing of shoe/plate for alignment

❍Add Tongue Pad Thickness_____

❍Level heel and add heel cap

❍Resole with _____

ADD ROCKER SOLE(S)

Rocker Height: At Heel_____ At Mets_____

❍Heel to Toe Rocker (Lab Standard)

❍Severe Angle Rocker

❍Negative Heel Rocker

❍Forefoot Rocker

❍Other _____

ADD LIFT(S)

Height: _____ ❍Tapered to Mets ❍Straight (level) ❍Heel only

Durometer of lift: ❍45-55 (Softer) ❍55-65 (Medium) ❍70 (Firmer)

OTHER SHOE MODIFICATIONS

❍Add Wedge Thickness_____ ❍Medial ❍Lateral

❍Flare Sole Amount_____ ❍Medial ❍Lateral ❍Both

❍Add Stabilizer Thickness_____ ❍Medial ❍Lateral ❍Both

❍Add shank ❍Steel ❍Carbon Fiber

❍Add Metatarsal Bar Type:_____

*Please mark metatarsal location on sole

❍SACH Heel ❍For Pronation ❍For Supination

REPAIR SHOE/CHANGE CLOSURE

❍To Laces Lace Color_____

❍To Velcro

❍Add Boot Hooks Number to add to each side _____

❍Reinforce/Repair Velcro closure

❍Repair inside heel counter

❍Patch Hole(s) in Upper

NOTES & SPECIAL INSTRUCTIONS

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