PIONEERS ORTHOMEDIX

6970 No3 Road, Richmond BC, V6Y 2C5

Tel: (604)447-2880

Fax :(604)233-0060

Orthotics Adjustments:

CLINIC INFO: FIRST NAME: LAST NAME:

Weight: Gender: Shoe size: **Refurbish**: ☐ same as original ☐ Change to new materials

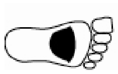
<u>Patient custom orthotics problem:</u>

Please indicate areas that cause pain or pressure on both feet in the diagram below.

Description: --

Adjustment:

Heel Raise: L……mm R…….mm Add/Remove



Met pad: Increase /Decrease/Add/Remove/Move

Rear foot posting: Add / Remove

Heel Cushion: ………..mm Add / Remove

Center Pocket: Add / Remove

Other Requested Adjustment:------