

Refurbishment & Repair Form

Biomechanics Foot Laboratory

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Practitioner's Name: _____ Telephone: _____

Mailing Address: _____

Patient's Name: _____ Age: _____ Weight: _____ Sex: _____

Occupation: _____ Sports: _____

Orthoses Code: _____ Date First Dispensed: _____

REPAIR / REFURBISHMENT INSTRUCTIONS:

- | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Partial 1 new covers shell only | <input type="checkbox"/> Full 1 new extrinsic rearfoot posting & covers shell only |
| <input type="checkbox"/> Partial 2 new covers with extension padding | <input type="checkbox"/> Full 2 new extrinsic rearfoot & forefoot posting & covers shell only |
| | <input type="checkbox"/> Full 3 new extrinsic rearfoot posting & covers with extension padding |
| | <input type="checkbox"/> Full 4 new extrinsic rearfoot & forefoot posting & covers with extension padding |

Additional Instructions
