Orthotic Concept Inc.
3400 14th Avenue, Unit 7, Markham,
Ontario, L3R0H7
T:905-604-3035 F:905-604-3735
Email: ocinfo@yahoo.com

For Laboratory Use Only

Repair Work Order

PRACTITIONER/CLINIC INFORMATION

Practitioner/Clinic Name: _____

Phone: _____

Address:

PATIENT INFORMATION

Surname: _____ First Name: _____

Sex: _____ Weight: _____ Age: _____ Size:_____

Invoice Number : _____
(Mandatory)

☐ Repair ☐ Recover

ARCH ADJUSTMENT

	LEFT	RIGHT	mm
Lower	☐	☐	___
Raise	☐	☐	___
Forward	☐	☐	___
Backward	☐	☐	___

WIDTH ADJUSTMENT

☐ Narrow Grind by _____mm
☐ Narrow to tracing Enclosed

ACCOMENTDATION ADJUSTMENT

Arch Pad

☐ Remove ☐ Add ☐ Change

	LEFT	RIGHT
1/16"	☐	☐
1/8"	☐	☐
1/4"	☐	☐

Heel Cushion

☐ Remove ☐ Add ☐ Change

	LEFT	RIGHT
1/16"	☐	☐
1/8"	☐	☐
1/4"	☐	☐

Metatarsal Pad

☐ Remove ☐ Add ☐ Change

	LEFT	RIGHT
1/16"	☐	☐
1/8"	☐	☐
1/4"	☐	☐

Distal _____mm Proximal _____mm

POSTING ADJUSTMENT

	LEFT	RIGHT
Remove Arch Fill	☐	☐
Remove Heel Lift	☐	☐
Remove Rearfoot Extrinsic Post	☐	☐
Add Heel Lift _____mm	☐	☐
Add Rearfoot Extrinsic Post	☐	☐

_____◦Varus
_____◦Valgus
_____ Neutral

SPECIAL INSTRUCTIONS:

_____

_____

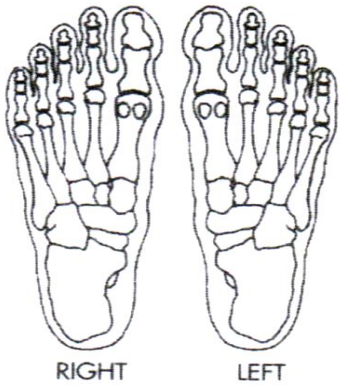
_____

_____

_____

_____

_____



ENCLOSED

☐ **OC Orthotics** ☐ **Non OC Orthotics** ☐ **Shoes Insoles** ☐ **Tracing**