



Footlabs TCI/FFO Specification Form

Inv No.

P O No.

Order No.

Patient Details

Name: Hospital / Clinic:

Gender: M F Shoe Make: Clinician:

Shoe Size: Left Right Pair Order Date:/...../.....

TCI

3/4 Length Full Length

FFO

Base Material

L/D 30 Shore Nora 30 Shore
 M/D 50 Shore Nora 45 Shore
 H/D 65 Shore Dual 50/30

Heel Cup

Low (10mm)
 Med (14mm)
 High (18mm)

Base Material

Poly-Prop Semi-Flex
 Yellow Diamond Semi-Rigid
 Graphite Rigid

Rigidity

Heel Cup

Low (8mm)
 Med (10mm)
 High (14mm)

Hind Foot Posting

Intrinsic Extrinsic

LTmm Med Lat Heel Raise LTmm
 RTmm Med Lat RTmm
 Kirby Skive Deg

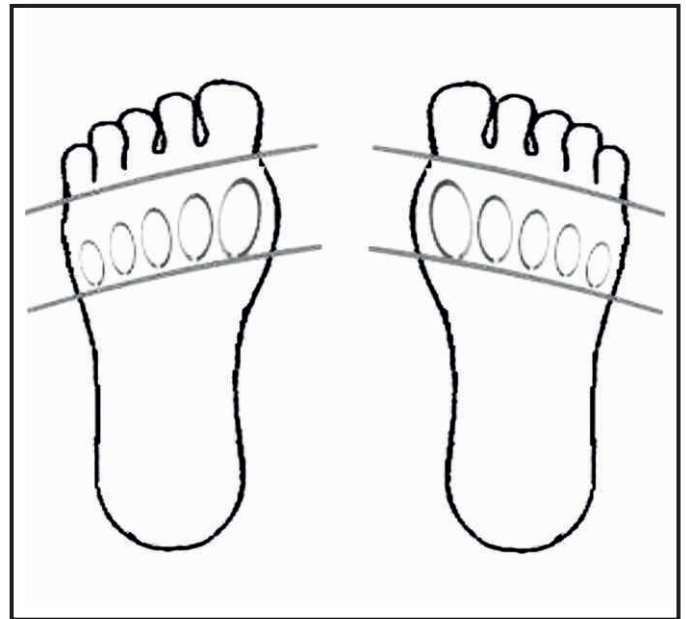
Fore Foot Posting

Intrinsic Extrinsic

LTmm Med Lat FHL Extension
 RTmm Med Lat

Top Covers

Length	Material	Thickness
Fore Foot Extmm
3/4 Lengthmm
Sulcus Lengthmm
Full Lengthmm



Additions

Met Dome 1st Met Medial Flange
 Met Bar 1st Ray Lateral Flange
 Valgus Pad Slim-line Heel Pad

Special Instructions

Clinician Signature:



Certificate Number 7558
ISO 9001

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MADE IN SHEFFIELD