

Made to Measure Footwear Order Form



HOSPITAL: _____
 ORDER NUMBER: _____
 DATE: _____
 DATE REQUIRED: _____

FOOTWEAR STYLE: _____

COLOUR:
 As Catalogue
 Custom _____

CLOSURE:
 Lace Velcro
 NLS* where available
 Lateral Zip
 Medial Zip

LINING:
 Normal Diabetic
 Sheep Skin (fur)

INSOLES:
 Rigid: Left
 Right
 Impression Box

EXTRA PADDING:
 Tongue Colar
 Stiffener Other

TOE PUFFS:
 Rim Standard
 Other: _____

SOLE:
 Sole Type _____
 Sole Colour _____

SOCKET ADAPTION:
 Left Right
 Round Backstop
 Rizzoli Rectangular
 Medial IS Lateral OS
 Double
 Size _____

OTHER INFORMATION:

RIGHT LEFT
 (mm)

Foot Length (0)

Joint Width (1)

Joint Circumference (2)

Instep Circumference (3)

Heel Width (4)

Short Heel (5)

Long Heel (6)

Toebox Depth (7)

Malleoli Circumference (8)

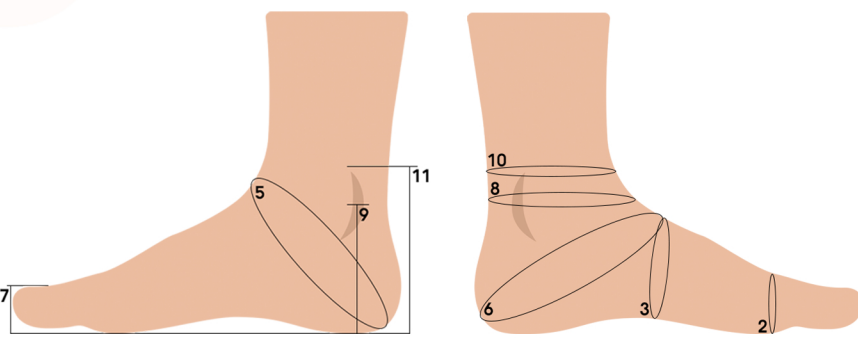
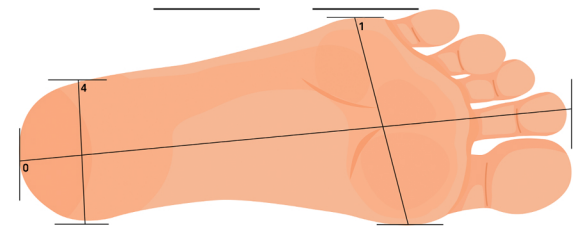
Malleoli Height (9)

Ankle Circumference (10)

Ankle Height (11)

Topline Circumference (footwear dependent)

Topline Height (footwear dependent)



LEFT
 Heel Wedge: Medial _____ mm
 Lateral _____ mm
 Sole Wedge: Medial _____ mm
 Lateral _____ mm
 Flare: Medial _____ mm
 Lateral _____ mm
 Rocker: _____ mm
 Sole Separate
 External Raise: Heel _____ mm
 Joint _____ mm
 Toe _____ mm
 Internal Raise: Heel _____ mm
 Joint _____ mm
 Toe _____ mm
 Buttress Height: Medial _____ mm
 Lateral _____ mm

RIGHT
 Heel Wedge: Medial _____ mm
 Lateral _____ mm
 Sole Wedge: Medial _____ mm
 Lateral _____ mm
 Flare: Medial _____ mm
 Lateral _____ mm
 Rocker: _____ mm
 Sole Separate
 External Raise: Heel _____ mm
 Joint _____ mm
 Toe _____ mm
 Internal Raise: Heel _____ mm
 Joint _____ mm
 Toe _____ mm
 Buttress Height: Medial _____ mm
 Lateral _____ mm

FURTHER INFORMATION: