



Patient Details

Patient Name		Patient Number	
Orthotist		Hospital	
Order Date		Required by Date	
Capture Method		Previous Order No.	

Details

Side		Shoe Draft Taken	
Shoe Size		Link to Steprite	

Material

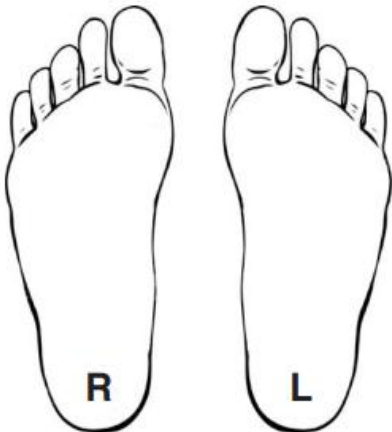
Base Material		Base Length	
Base Thickness		Heel Cup Depth	
Mid Layer		Mid Layer Length	
Top Layer		Top Layer Length	

Rear Foot

Right		Left	
Medial Wedge		Medial Wedge	
Lateral Wedge		Lateral Wedge	
Medial Skive		Medial Skive	
Heel Raise		Heel Raise	
Heel Pad		Heel Pad	

Forefoot

Right		Left	
Medial Wedge		Medial Wedge	
Lateral Wedge		Lateral Wedge	
Met Bar		Met Bar	
Met Dome		Met Dome	
Reverse Mortons		Reverse Mortons	
Mortons		Mortons	
Cut Outs		Cut Outs	



Additional Information

Blank area for additional information.

Schedule No. _____
 Supplied

Insole Finished Length

Insole Finished Met Width