



Buchanan Orthotics Limited

603 Helen Street, Glasgow G51 3AR
Tel: 0141-440 1999 Fax: 0141-440 5999
e-mail: sales@buchananorthotics.co.uk



Patient: _____ Co./Hospital: _____ Date: _____ IN PATIENT
Your Order No.: _____ Buch. Order No.: _____ Date Req.: _____

Steprite Footwear Specification

Style _____ Material: Calf Softee Stretch
 Suede Nubuck Neoprene

Colour _____

Fastening: Lace Velcro Speed Lace Buckle Broad/Narrow

Lining: Standard Leather Moleskin Go Guard Polycotton

Diabetic: Standard Concept (contour last only)

	Size	Fitting	Last				
Right							
Left							

Upper alterations: Medial bunion pocket: Right/Size _____ Left/Size _____
 Lateral bunionette (fifth joint pocket): Right/Size _____ Left/Size _____
 Toe box depth state additional height: Right/Size _____ Left/Size _____
 Through Depth: Right/Size _____ Left/Size _____

Upper Modifications: _____

Sole & Heel Adaptions: _____ TRIAL FIT

Special Inlays: _____

For Orthotist use only

	Foot Size	Foot Length	Heel Width	Joint Width	Joint Circ.	Instep Circ.	Toe Depth
Right							
Left							