

In Patient



Buchanan Orthotics Ltd

Steprite Footwear Specification



Steprite Chart No. S 0001	Patient	CO / Hospital	Customer Order No.	Orthotists Initials
Date	Date Required	Appt. Date	OFFICE USE ONLY	
			1st R/fit	RFR
			2nd R/fit	RFR
				Supplied

Style _____ Colour _____

Material: ☐ Calf ☐ Softee ☐ Nubuck ☐ Suede ☐ Stretch ☐ Mesh ☐ Neoprene

Fastening: ☐ Lace ☐ Velcro ☐ Other

Lining: ☐ Standard ☐ Leather ☐ Moleskin ☐ Poly/Cotton ☐ Plush

Diabetic: ☐ Diabetic Spec. ☐ Rim Toe Puff

	Size	Fitting	Last	Circ. of ankle			Circ. of leg at 12.5 cm	
Right				Right			Right	
Left				Left			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 _____

Instep Circ.: Right/Size _____ Left/Size _____

Instep Depth: Right/Size _____ Left/Size _____

Upper Modifications: _____

Sole & Heel Adaptions: _____

☐ TRIAL
FIT

Special Inlays: _____

☐ FIB
SUPPLIED

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

Schedule No.