



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

## Steprite Footwear Specification

**Style** \_\_\_\_\_ **Material:**  Calf  Softee  Stretch  Mesh  
**Colour** \_\_\_\_\_  Suede  Nubuck  Neoprene

**Fastening:**  Lace  Velcro  Speed Lace  Buckle Broad/Narrow  
**Lining:**  Standard  Leather  Moleskin  Polycotton  
**Diabetic:**  Standard

	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:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For Orthotist use only**

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