

MADE TO MEASURE FOOTWEAR

ORDER FORM

81-83 KYRWICKS LANE, HIGHGATE, BIRMINGHAM B11 1TB **T** +44 (0)121 766 6144 **F** +44 (0)121 766 7664 **W** www.arden-orthotics.co.uk

Hospital								
Hospital No								
Orthotist								
First Name								
Surname								
MALE		FEMALE						
Diagnosis, Build of Patient, Type of Gait, Degree of Swelling, Problems with present footwear, etc.								
DETAILED Specification of Footwear								
Style/Colour/F	asten/Mate	rials						
Stiffeners and	Padding							
Insole requirements								
Sole + Heel Un	itc/Adants							
30le + Heel Oll	its/Auapts							
Casts	RT	LT	Foam					
Raise in cork	RT	INSIDE	Ht at Heel					
and/or		OR	Ht at Joint					
Plasterzote	LT	OUTSIDE	Ht at Toe					
			I					

Note: Please, make a drawing of patients' feet on the following two pages and fill in the relevant measures in the right column.

LEFT FOOT			
		at level of	
	med	. malleolus mm.	
		Ht. of	
	mea	. malleolus mm.	
		c. of ankle ve malleoli	
	dbox	mm.	
		114 -4	
	ankl	Ht. of ankle measure	
		mm.	
		Ht. of	
		p upper	
		mm.	
		Circ. at	
		of upper	
		mm.	
	Ciı	rc. of leg	
	at ot	at other heights	
	150	mm.	
	175	mm.	
	200	mm.	
	225	mm.	
	250	mm.	
	275	mm.	
	300	mm.	
	325	mm.	
	350	mm.	
	St	tick size	
		mm.	
	Ht. o	of dorsum	
		oot instep	
		mm.	
	Foo	ot length	
	S	tanding mm.	
	For	ot length	
	9	Seated	
		mm.	

RIGHT FOOT			
		at level of	
	med.	malleolus mm.	
		Ht. of med. malleolus	
	mea.	mm.	
		. of ankle e malleoli	
	450	mm.	
		⊔+ of	
		Ht. of e measure	
		mm.	
		Ht. of	
		p upper	
		mm.	
		Circ. at	
		of upper	
		mm.	
	Cir	c. of leg	
	at oth	at other heights	
	150	mm.	
	175	mm.	
	200	mm	
	225	mm	
	250	mr	
	275	mm	
	300	mm.	
	325	mm.	
	350	mm	
	St	ick size	
		mm	
		Ht. of dorsum at foot instep	
		mm	
	Foo	Foot length Standing	
		mm	
		Foot length Seated	
		cateu	
		mm.	