

In Patient

Buchanan Orthotics Ltd

Steprite Footwear Specification



Steprite Chart No. S	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.