



## Order sheet for custom made shoe lasts

**Patient name:** \_\_\_\_\_  
 Company/contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Type of shoe last:	Left	Right
	<input type="checkbox"/> low last	<input type="checkbox"/> low last
	<input type="checkbox"/> half boot last	<input type="checkbox"/> half boot last
	<input type="checkbox"/> boot last	<input type="checkbox"/> boot last
Height of last:	cm	cm

<b>Heel height:</b>	left      mm	right      mm
<b>Toe spring:</b>	left      mm	right      mm
<b>Length addition (at toes):</b>	left      mm	right      mm

<b>Same length:</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
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<b>Shape:</b>	<input type="checkbox"/> round	<input type="checkbox"/> wide/comfortable
	<input type="checkbox"/> slimm/narrow	<input type="checkbox"/> square toe
	<input type="checkbox"/> like model nr.	
	<input type="checkbox"/> same shape left/right (if possible)	

<b>Partition of lasts:</b>	<input type="checkbox"/> 2 pieces	<input type="checkbox"/> 3 pieces
	<input type="checkbox"/> step/z-cut	<input type="checkbox"/> one piece

Corrections:	left	right
Position of leg – as sample or drawing	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Correction of leg – at right angle	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Additional information:	left	right
Toes contracted	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Toe height preferably low	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Prominent points visible (please mark)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Foot contracted (see pictures)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

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