



Shoe Fitting Form – *Keep this form in the patient’s file*

Patient Name: _____ Date: _____

Record/ID #: _____ Date of Birth: _____

Notes	Left Foot	Right Foot	Comments
Heel to Toe			
Heel to Ball			
Width			
High Instep*	Yes / No	Yes / No	
Internal Brace*	Yes / No	Yes / No	
Hammertoes*	Yes / No	Yes / No	
Bunions*	Yes / No	Yes / No	

*If yes, we suggest trying one of our double depth styles – No. 74, No. 77, No. 81, No. 88

Tips

- Only consider ordering a mismatch size if the length difference between feet is 1.5 sizes or larger
- Use the grey filler in the event that one foot is narrower than the other

Available Sizing

Women	Men
Sizes: 5.5 – 10, 11, 12 Width: Medium, Wide, Extra Wide	Sizes: 7.5 – 12, 13, 14 Width: Medium, Wide, Extra Wide

Shoe Selection

Style No.	Color	Size	Width
			M W XW