



## Steprite Order Form - For Professional Use Only

**User Instructions:** Please fill in this form using Adobe Acrobat to complete each field, save the file for your records and email it to [sales@buchananorthotics.co.uk](mailto:sales@buchananorthotics.co.uk) where we will acknowledge and process your order. Alternatively, please print this form and Fax it back to us on 0141 440 5999.

Patient \_\_\_\_\_ Company/Hospital \_\_\_\_\_  
 Your Order No. \_\_\_\_\_ Address \_\_\_\_\_  
 Our Order No. \_\_\_\_\_  
 Date: \_\_\_\_\_

### Steprite Footwear Specification

**Style** \_\_\_\_\_ **Material:**  Calf  Softee  
 Suede  Nubuck  Neoprene  
**Colour** \_\_\_\_\_  
**Fastening:**  Lace  Velcro  Speed Lace  Buckle Broad/Narrow  
**Lining:**  Standard  Leather  Moleskin **Diabetic:**  Standard  Concept (Contour Last Only)

	Size	Fitting	Last			Circ. of ankle	Circ. of leg at 12.5cm	
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 \_\_\_\_\_

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

**Adaptations:** Heel: \_\_\_\_\_  
 \_\_\_\_\_  
 Sole: \_\_\_\_\_  
 \_\_\_\_\_

**Special Inlays:** \_\_\_\_\_  
 \_\_\_\_\_

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### For Orthotist Use Only

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