

INSTRUCTIONS

Fill in the form with the patient's sizing information and shoe selection. Use it to order the desired shoes from Justin Blair & Company.

RETAIN THIS FORM FOR YOUR OFFICE RECORDS

PATIENT NAME _____

DATE OF FITTING _____ **FITTER** _____

MEASUREMENTS

	RIGHT FOOT	LEFT FOOT	COMMENTS
HEEL TO TOE			
HEEL TO BALL			
WIDTH			
HIGH INSTEP	Yes / No	Yes / No	
FLESHY OR THICK INSTEP	Yes / No	Yes / No	
SIGNIFICANT SWELLING	Yes / No	Yes / No	
HAMMERTOES/BUNIONS	Yes / No	Yes / No	

SHOE SELECTION

STYLE NUMBER	STYLE NAME	COLOR	SIZE	WIDTH* (N, M, W, XW)

* MEN'S WIDTHS:

M = C/D

W = E/EE

XW = EEE/EEEE

WOMEN'S WIDTHS:

N = AA/A

M = B/C

W = D/E

XW = EE/EEE

INSERT TYPE	PAIRS OF INSERTS
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3