

Date: ____/____/____

Patient Name: _____

Fitter/Therapist Name: _____

Ship to: _____

[illegible]

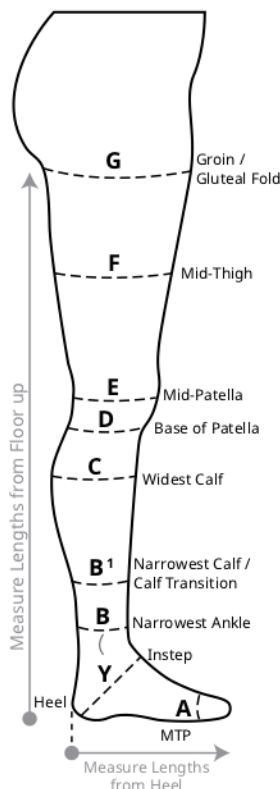
LEFT LEG MEASUREMENTS

	CIRC c	LENGTH ℓ
G	<input type="text"/>	<input type="text"/>
F	<input type="text"/>	<input type="text"/>
E	<input type="text"/>	<input type="text"/>
D	<input type="text"/>	<input type="text"/>
C	<input type="text"/>	<input type="text"/>
B ¹	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>
Y	<input type="text"/>	
A	<input type="text"/>	

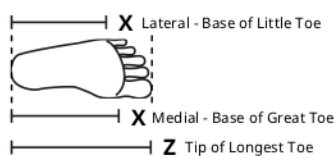
LEFT

Lateral Xℓ Base of Little Toe	
Medial Xℓ Base of Great Toe	
Closed Toe Zℓ Tip of Longest Toe	

Please measure in centimeters



FOOT LENGTH MEASUREMENTS



Foot tracings are always appreciated

RIGHT LEG MEASUREMENTS

	CIRC c	LENGTH l
G_c	<input type="text"/>	G_l <input type="text"/>
F_c	<input type="text"/>	F_l <input type="text"/>
E_c	<input type="text"/>	E_l <input type="text"/>
D_c	<input type="text"/>	D_l <input type="text"/>
C_c	<input type="text"/>	C_l <input type="text"/>
B^1_c	<input type="text"/>	B^1_l <input type="text"/>
B_c	<input type="text"/>	B_l <input type="text"/>
Y_c	<input type="text"/>	
A_c	<input type="text"/>	

RIGHT

Lateral
X_l
Base of Little Toe

Medial
X_l
Base of Great Toe

Closed Toe
Z_l
Tip of Longest Toe