

Paediatric Footwear Order Form

Trust:	Date:
Hospital:	Order No:
Department:	Ordered By:
Patient Name:	Tel. No: (in case of query)

Style Name:	Colour - Please also specify if Patent is required (e.g. Pink & White or Black Patent)		
Fastening: (Circle as appropriate)	Lace	Velcro	Buckle

Trial Fit Required?: (Circle as appropriate)	Yes	No	
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<u>Right Foot</u>	Size:			
Fitting: (Circle as appropriate)	Extra Slim	Slim	Standard	Wide
Type: (Circle as appropriate)	Standard	Stability	Over-Splint	Anti-Varus

<u>Left Foot</u>	Size:			
Fitting: (Circle as appropriate)	Extra Slim	Slim	Standard	Wide
Type: (Circle as appropriate)	Standard	Stability	Over-Splint	Anti-Varus

Rigid/Flexible Sole: Rigid insole board will be used unless you indicate here that a more flexible sole is required (Circle as appropriate)	Rigid	Flexible
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Inlay Options: (Circle as appropriate)	Empty (e.g. For TCI's)	Leather Covered Footbed Only	Footbed & 3mm Poron
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Any Other Requests / Adaptions: