

Patient Name _____

Current Size & Width _____

Date of Fitting _____

	LEFT FOOT	RIGHT FOOT	COMMENTS
Heel to Toe			
Heel to Ball			
Midpoint of 1 & 2			
Width			
High Instep Internal Brace	Yes / No	Yes / No	
Ankle Instability	Yes / No	Yes / No	
Hammertoes/Bunions	Yes / No	Yes / No	
Swelling	Yes / No	Yes / No	

Pair of Inserts

0 1 2 3