



Hi Tech **Canadian Custom Shoe Lab Inc.**

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FOR LABORATORY USE ONLY

Date in: _____
Date out: _____
Number: _____

BILL TO:

Practitioner's Name _____
Address _____
Phone (_____) _____

PATIENT INFORMATION (PLEASE PRINT)

Name _____
Gender _____ Age _____
Daily Activities _____

To avoid delays in production, please submit ALL of the following: 1. A fully completed form, 2. Elongation Tracings, 3. Weight Bearing Circumference Measurements, 4. Semi-Weight Bearing Plaster or STS Cast. The vendor is responsible for any changes incurred to rectify errors due to incomplete or incorrect information.

SHOE SPECIFICATIONS

Catalogue Name _____ Style # _____
Leather Sample # _____ (see swatch provided) Sole # _____ Heel Height _____
Special Instructions _____

ORTHOTICS

HTCCSL Orthotics (Orthotic order required)
 * Patient Supplied Orthotics - Dimensions - Heel _____ Forefoot _____
(Submissions of orthotics with order is preferred)

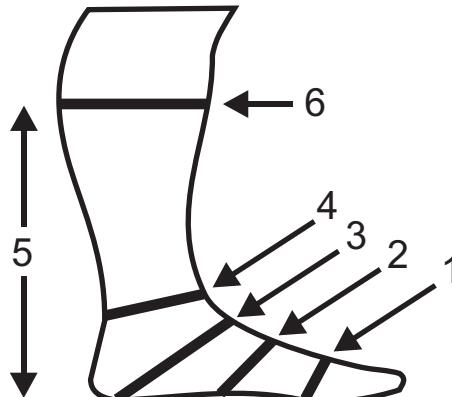
STANDING CIRCUMFERENCE MEASUREMENTS

LEFT FOOT

- 1. _____ cm
- 2. _____ cm
- 3. _____ cm
- 4. _____ cm
- 5. _____ cm
- 6. _____ cm

RIGHT FOOT

- 1. _____ cm
- 2. _____ cm
- 3. _____ cm
- 4. _____ cm
- 5. _____ cm
- 6. _____ cm



- 1. Circumference around 1st and 5th metatarsal
- 2. Across instep (narrowest point)
- 3. Heel over instep
- 4. Around ankle (narrowest point)
- 5. Height of boot
- 6. Calf circumference at #5 height

* IMPORTANT INFORMATION

All completed orders are COD. Orders will be shipped to the above-noted Bill to Address (unless specified). Shipping charges are extra. The undersigned acknowledges that all information on this form is correct.

Practitioner's Signature

Thank You for choosing Hi Tech Canadian Custom Shoe Lab