

(KEEP THIS FORM IN PATIENT FILE)

Patient Name								
Current Size & Width								
Date of Fitting								
	RIGHT FOOT	LEFT FOOT	COMMENTS					
1. Heel to Toe								
2. Heel to Ball								
3. Midpoint of 1 & 2								
4. Width								
5. High Instep/ Internal Brace								
6. Ankle Instability **								
7. Hammertoes/Bunions ***								
8. Swelling ****								
Midpoint Measurement is the siz closest full or half size, but never	•							

Use the midpoint to determine width size. Try a shoe on closest to this measurement (midpoint and width).

Pair of Inserts		1		2		3
-----------------	--	---	--	---	--	---

Tel: 914-327-4604 | Fax: 914-327-4605 | HudsonMedicalSupplies.Com