



Company Name: _____ Branch: _____ Shoe clinician: _____

Mr. Mrs.

Last No.: _____ Order No.: _____ Client name: _____

With last or inlays adjustments*: _____ No adjustments: _____ * supply new inlay or last form

Upper (see page 24)

Model number	<input type="text"/>	Upper leather	1 <input type="text"/>	Lining	Front part <input type="text"/>	Waterproof <input type="checkbox"/>
Upper Height		2 <input type="text"/>		Heel part <input type="text"/>		No Stitching in Lining <input type="checkbox"/>
Left	<input type="text"/> mm	3 <input type="text"/>				Anti Allergy glue <input type="checkbox"/>
Right	<input type="text"/> mm					
Model as before <input type="checkbox"/>						Leg circumference:
Copy good <input type="checkbox"/>						Le Height Ri
Extras				Closure Type		<input type="text"/>
Tongue padding	3mm 5mm			As Model <input type="checkbox"/>		<input type="text"/> 550 mm <input type="text"/>
Tongue stiffener	Ercoflex Renoflex			Eyelet No. <input type="text"/> Qty <input type="text"/> Color <input type="text"/>		<input type="text"/> 500 mm <input type="text"/>
Ankle padding	3mm 5mm			Hook No. <input type="text"/> Qty <input type="text"/> Color <input type="text"/>		<input type="text"/> 450 mm <input type="text"/>
General heel padding	3mm 5mm			Velcro without roller buckle SP112 with roller buckle SP110		<input type="text"/> 400 mm <input type="text"/>
CYS Padding SP155				Width in mm <input type="text"/> Qty <input type="text"/>		<input type="text"/> 350 mm <input type="text"/>
Collar padding 5mm	Seamless Blind stitch			Adjustable Velcro System SP150		<input type="text"/> 300 mm <input type="text"/>
Bellows tongue				Left Right		<input type="text"/> 250 mm <input type="text"/>
				Zipper Med Lat Med Lat		<input type="text"/> 200 mm <input type="text"/>
				Elastic Med Lat Med Lat		<input type="text"/> 150 mm <input type="text"/>
				Double Zipper/Laces SP122		<input type="text"/> 100 mm <input type="text"/>

Instep:			
Derby style	Standard		
Instep more to front	<input type="text"/> mm		
Instep more to back	<input type="text"/> mm		
Distance between quarters	<input type="text"/> mm		
Oxford style	Standard		
Instep more to front	<input type="text"/> mm		
Instep more to back	<input type="text"/> mm		
Distance between quarters	<input type="text"/> mm		

Remarks:

Bottom (see page 44)

Bottom Style			
As model	<input type="text"/>		
Other: specify bottom option No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
EVA Shore	Soft 35		
	Medium 50-55		
	Hard 65-70		
Innersole			
Carbon sole stiffener	Anti penetration sole		
Other	<input type="text"/>		
Welt & Outsole (see page 53)			
As model	<input type="text"/>		
Sole No.	<input type="text"/> Color <input type="text"/> <input type="text"/> mm		
Edge No.	<input type="text"/> Color <input type="text"/>		
Rocker			
Rocker Type No.	<input type="text"/>	Medial direction	
		Lateral direction	
Rocker measurements			
	Heel Ball Toe		
Left	<input type="text"/> mm <input type="text"/> mm <input type="text"/> mm		
Right	<input type="text"/> mm <input type="text"/> mm <input type="text"/> mm		
Space sole		Left	Right
General	3 mm 5 mm		
Under Ball	3 mm 5 mm		
Heel Height		Left	Right
		<input type="text"/> mm	<input type="text"/> mm
Heel Options		Left	Right
Heel flare		Med <input type="text"/> mm	Med <input type="text"/> mm
		Lat <input type="text"/> mm	Lat <input type="text"/> mm
		Back <input type="text"/> mm	Back <input type="text"/> mm
Tapered		Med <input type="text"/> mm	Med <input type="text"/> mm
		Lat <input type="text"/> mm	Lat <input type="text"/> mm
		Back <input type="text"/> mm	Back <input type="text"/> mm
Buffer standard	or A - B <input type="text"/> <input type="text"/> mm standard	or A - B <input type="text"/> <input type="text"/> mm	or A - B <input type="text"/> <input type="text"/> mm
Rounding standard	or A - B <input type="text"/> <input type="text"/> mm standard	or A - B <input type="text"/> <input type="text"/> mm	or A - B <input type="text"/> <input type="text"/> mm
Thomas Heel	Lat Med	Lat Med	Lat Med
Reinforcement (see page 35)			See specs on last
Counter options	Standard	Left	Right
or:	Renoflex <input type="text"/>	High reinforce (BLU) No. <input type="text"/>	<input type="text"/>
	Ercoflex <input type="text"/>	Height in mm	<input type="text"/> mm
	Tap <input type="text"/>	Ankle padding in mm	<input type="text"/> mm
	Leather <input type="text"/>	General heel padding in mm	<input type="text"/> mm
Toe			
Type	Normal Short Long Wing		
Material	Tap Steel Polyprop		
	Ercoflex Aluminium		
	Lining Carbon		
Outlasting			
	Remove the last	Footbed covered with perforated leather	Provide with laces

Remarks: