CYS

Date: ....

LAST ORDER FORM

Company Name:	Branch:	Shoe clinician:

Mr. Mrs.

Last No.:	Order No.:	Client name:

Submitted:

Foot scan	**Le**	**Ri**	
Blue print*	**Le**	**Ri**	
Foam box	**Le**	**Ri**	
(Scan of) plaster cast	**Le**	**Ri**	
(Scan of) plaster positive	**Le**	**Ri**	

High last **Le** [____] mm **Ri** [____] mm

Low last **Le** **Ri**

Heel jump **Le** [____] mm **Ri** [____] mm

Toe jump **Le** [____] mm **Ri** [____] mm

Mirror last

* if submitted, no need to fill in measurements

Left: — Measurements of the foot in mm — Right:

Left			Right
Cross Ball size 1.	[____]	[____]	1. Cross Ball Size
Straight Ball size 2.	[____]	[____]	2. Straight Ball Size
Low Instep 3.	[____]	[____]	3. Low Instep
High Instep 4.	[____]	[____]	4. High Instep
High Instep/Heel 5.	[____]	[____]	5. High Instep/Heel
Ankle size 6.	[____]	[____]	6. Ankle Size

Leg circumference:

Le	**Height**	**Ri**
[__]	550 mm	[__]
[__]	500 mm	[__]
[__]	450 mm	[__]
[__]	400 mm	[__]
[__]	350 mm	[__]
[__]	300 mm	[__]
[__]	250 mm	[__]
[__]	200 mm	[__]
[__]	150 mm	[__]
[__]	100 mm	[__]
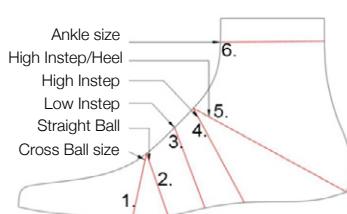
Ankle size — 6.
High Instep/Heel
High Instep
Low Instep — 5.
Straight Ball — 4.
Cross Ball size — 3.
— 2.
— 1.

Cross ball
Straight ball
Low instep point
High instep point
High instep cross on heel measurement
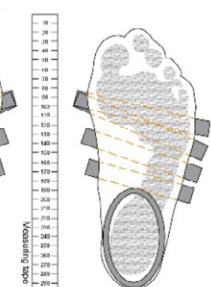
Leg position back view

Varus (lateral **A**) and valgus (medial **B**)

Neutral 90º **Le**
Neutral 90º **Ri**

Le lateral	**A**	[____]	0
Le medial	**B**	[____]	0
Ri lateral	**A**	[____]	0
Ri medial	**B**	[____]	0

A ⟷ B B ⟷ A
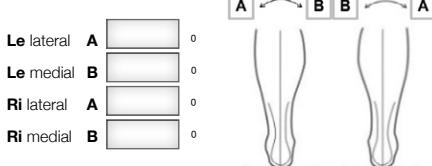
Accept scan **Le**
Accept scan **Ri**

Leg position side view

Dorsal flexion (**A**) and plantair flexion (**B**)

Neutral 90º **Le**
Neutral 90º **Ri**

Le	**A**	[____]	0
Le	**B**	[____]	0
Ri	**A**	[____]	0
Ri	**B**	[____]	0

A ⟷ B
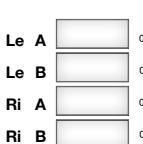
Accept scan **Le**
Accept scan **Ri**

Fore foot position frontal view

Pronation (lateral **A**) and supination (medial **B**)

Neutral 90º **Le**
Neutral 90º **Ri**

Le lateral	**A**	[____]	mm
Le medial	**B**	[____]	mm
Ri lateral	**A**	[____]	mm
Ri medial	**B**	[____]	mm

A ⟷ B B ⟷ A
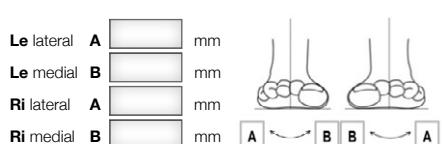
Accept scan **Le**
Accept scan **Ri**

Toe model

Number: [____]

1. Round 2. Moderate Round 3. Wide Round 4. Easy Foot Shape 5. Common Foot-Shape 6. Duck Foot-Shape 7. Wide Square 8. Slim flat Square 9. Tip Edged Square 10. Pointed
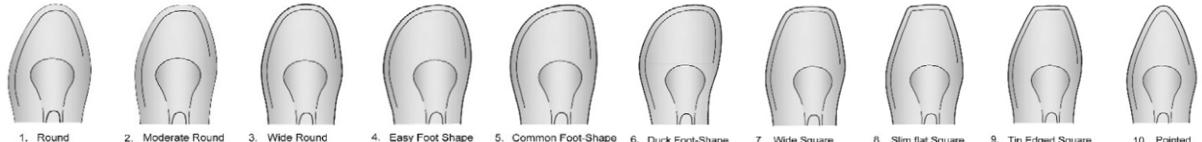
Last corrections

Height of the corrections plantair

		Left mm+	Left mm-	Right mm+	Right mm-
A	Forefoot support				
B	MTP 1				
C	MTP 2				
D	MTP 3				
E	MTP 4				
F	MTP 5				
G	Medial support				
H1	Support base of 5th metat front				
H2	Support base of 5th metat back				
I	Hallux				
J	Digitus II				
K	Digitus III				
L	Digitus IV				
M	Digitus V				
N	Transversal support				
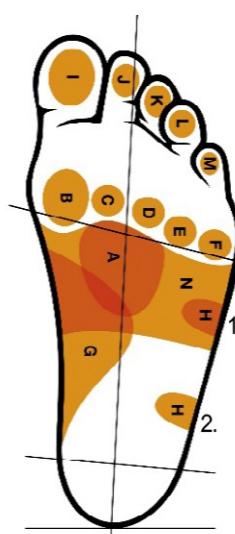
Height of the corrections dorsal

		Left total mm	Right total mm
I	Hallux		
J	Digitus II		
K	Digitus III		
L	Digitus IV		
M	Digitus V		

Refining of lasts — Refined modelling — Standard

Remarks: