



Footwear Modification Request

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Date _____ REF NO. _____

Client Name _____

Shoe Description _____

Foot Specialist Name/Clinic _____

Phone number _____

LLD/ROCKERS/LIFTS

☐ LEFT

H _____ MM

B _____ MM

T _____ MM

☐ RIGHT

H _____ MM

B _____ MM

T _____ MM

☐ SHORT

☐ MEDIUM

☐ LONG

☐ M/L OBLIQUE @ _____ °

SOLE FLARES

☐ LEFT

☐ MEDIAL

☐ 6 MM

☐ WITH BUTTRESS

☐ RIGHT

☐ LATERAL

☐ 9 MM

☐ BILATERAL

☐ 12 MM

SHANKS

☐ LEFT

H _____ MM

B _____ MM

T _____ MM

☐ RIGHT

H _____ MM

B _____ MM

T _____ MM

☐ SPRING PLATE

☐ RIGID PLATE

☐ SHANK ONLY

☐ SHANK W/ LLD

☐ FOREFOOT ONLY

☐ M/L OBLIQUE @ _____ °

REPAIRS

☐ HEEL LIFTS/WEDGES

☐ HALF SOLES

☐ FULL SOLES

☐ BALLOON PATCH

☐ STRETCH

☐ POLISH

LACE TO VELCRO CONVERSIONS (BILATERAL)

☐ 1 STRAP

☐ 2 STRAP

☐ 3 STRAP

ADDITIONAL NOTES MAY BE MADE ON REVERSE, thank you!