Order Form

Company _____ **Name** _____

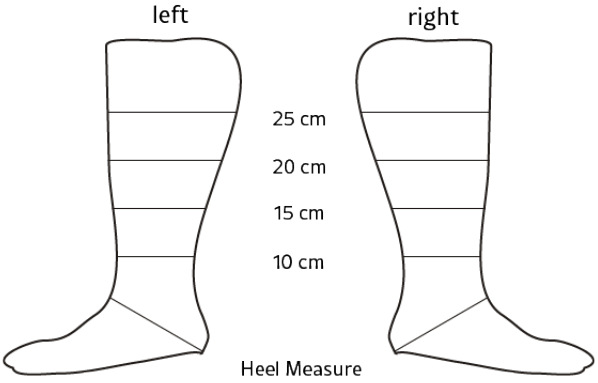
Street _____ ZIP _____ City _____

Contact _____ Customer ID _____

Upper model _____ Upper material _____

Lining material _____ Color _____

Boots/ankle boots dimensions



☐ Upper height according to catalogue

Upper height with cork left _____ cm

Upper height with cork right _____ cm

Closing scope left _____ cm

Closing scope right _____ cm

Insole

own insole ☐ leather type 14 ☐ splitted (leather/Texon) type 11 ☐ BSM ☐ Texon slightly reinforced ☐

Front cap

regular front cap left ☐ right ☐ shortened fc ☐ extended fc ☐

missing front cap left ☐ right ☐ inside ☐ outside ☐

Rear cap

regular rear cap HP 40 ☐ leather ☐ own supplied ☐

pero cap left ☐ right ☐ leather ☐ ErkoFlex ☐

arthrodesis cap left ☐ right ☐ leather ☐ ErkoFlex ☐

ankle support left ☐ right ☐ leather ☐ ErkoFlex ☐ inside ☐ outside ☐

arthrodesis flap left ☐ right ☐ leather ☐ ErkoFlex ☐

reinforced with _____

welt _____ casing _____

sole material _____

sole reinforcement left ☐ right ☐ Insole role left ☐ right ☐

steep heel drop ☐ wedge base ☐ heel height (without welt and insole) _____

specials
(e.g. heel role, buffer heel, role strength etc.)

other

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