

Baldwin Boot Measurement Chart

Business Name: _____
 Orthotist Name: _____
 Address: _____
 City _____ State _____ Zip _____
 P.O. #: _____ Date Required _____
 Phone: _____
 Shipping Instructions: _____

P.O. # _____
 Patient Name: _____
 Height: _____
 Weight: _____
 Sex: Male Female

1. Condition of Patient:
 ; Posterior Tibialis Tendinitis Dysfunction
 ; Degenerative Joint Disease (D.J.D.)
 ; Trauma
 ; Other _____

Circle Choices

Flair Top: -----Yes No

- 2: Is Foot in Fixed Forefoot:
 ; Inversion
 ; Eversion

NEGATIVE CAST CONDITION: _____

As Casted: -----Yes No

Correction: -----Yes Degrees _____

- 3: Is the Foot and Ankle:
 ; Fixed or Fused
 ; Equinus / Degrees: _____
 ; Rigid
 ; Flexible
 ; Dorsi Flexed
 ; Plantar Flexed

Circle Choices

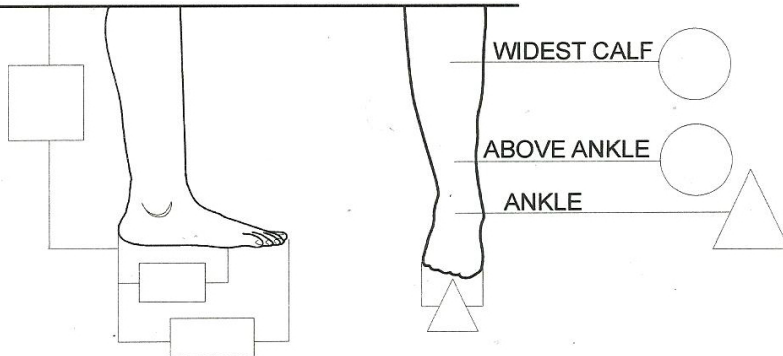
1. Eyelets 2. Eyelets & Speed Hooks
 3. Velcro 4. Eyelets & Velcro

- 4: Is Knee Position Enough to Effect Leg Angle?
 ; Neutral
 ; Genu Varum
 ; Genu Valgum (please refer to figure 4)

Leather Color: Frost Black Cowhide

Special Instructions: _____

Standard Height **9"**
Unless Specified



Send Order to:
 BOLT Systems, Inc.
 Ph: 407-425-0012
 Fax: 407-425-5554
 1700 Silver Star Rd
 Orlando, FL 32804

Standard Trim Length
 Mid-Metatarsal
 Unless Otherwise Specified