

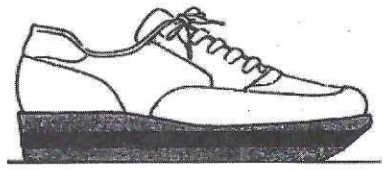
| OFFICE USE ONLY | |
|-----------------|-----------------|
| Arrived | ___ / ___ / ___ |
| Completed | ___ / ___ / ___ |
| Shipped | ___ / ___ / ___ |

FOOTWEAR MODIFICATION

Acct. Name _____

Date _____

Name _____ Weight _____



Shoe Lift Left Right

No Pitch Change (heel to toe lift)

Height mm _____



Heel Lift Left Right

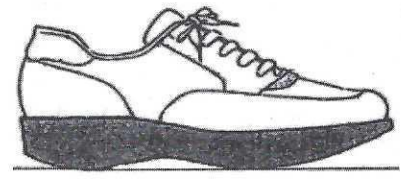
Changes Shoe Pitch (heel lift only)

Height mm _____



Rocker Heel to Toe Left Right

(rearfoot and forefoot rocker)



Rocker Double Left Right

(heel to toe with midfoot grindout)



Rocker Forefoot Left Right

(forefoot rocker only)



Buttress Left Right

Medial

Lateral

Resole

Stretch Left Right Location: _____

Special Directions: (override default)

Correction

Standard (Default)

Aggressive

Sole Tread Aggressiveness

Low

Medium (Default)

High

Save Original Sole (as possible)

Other: _____
