SchnelleSohle
RISIKOFUSS

E-MAIL-BESTELLUNG ▸ bestellung@springer-berlin.de

1 ADRESSE EINGEBEN

FIRMA	FON
STRASSE	FAX
PLZ, ORT	E-MAIL
ANSPRECHPARTNER	DATUM

2 FUSSGRÖSSSE (ohne Zugabe) ____ cm

Kommission:

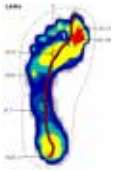
Bestellmenge
Paarzahl

3 SCHUHTYP

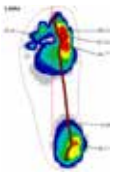
○ Spezialschuh

○ Verbandschuh / Therapieschuh

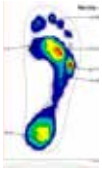
4 FUSSTYP



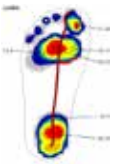
Senkfuß li ○ re ○



Knicksenkfuß li ○ re ○

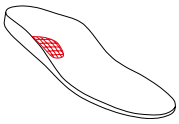


Hohlfuß li ○ re ○



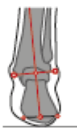
Starker Hohlfuß li ○ re ○

5 TIEFERLEGUNG BASIS V

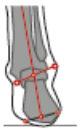


li re
○ ○ Ohne Tieferlegung
○ ○ Mit Tieferlegung

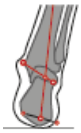
6 FERSENSTELLUNG



Neutral li ○ re ○



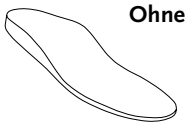
Proniert li ○ re ○



Supiniert li ○ re ○

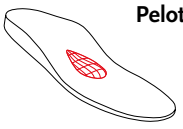
7 MITTELFUSSMODUL

Ohne



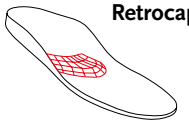
li re
○ ○ ohne Modul

Pelotte



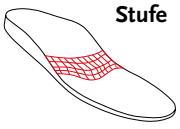
li re
○ ○ sehr flach
○ ○ flach
○ ○ mittel
○ ○ hoch

Retrocapitale



li re
○ ○ flach
○ ○ mittel
○ ○ hoch

Stufe



li re
○ ○ flach
○ ○ mittel
○ ○ hoch

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