

✉ **E-MAIL-BESTELLUNG** ▶ bestellung@springer-berlin.de

1 ADRESSE EINGEBEN

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

2 FUSSGRÖSSE
(ohne Zugabe)

 cm

Kommission:

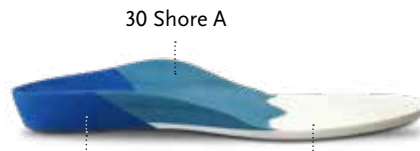
3 SCHUHTYP



Spezialschuh



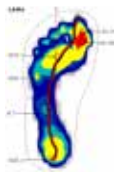
Verbandschuh / Therapieschuh



45 Shore A

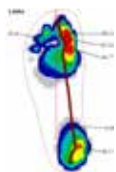
18 Shore A

4 FUSTYP



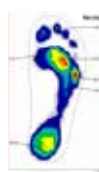
Senkfuß

li re



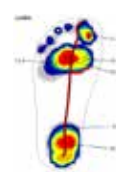
Knicksenkfuß

li re



Hohlfuß

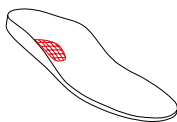
li re



Starker Hohlfuß

li re

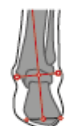
5 TIEFERLEGUNG BASIS V



li re

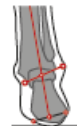
Ohne Tiefenlegung
Mit Tiefenlegung

6 FERSENSTELLUNG



Neutral

li re



Proniert

li re



Supiniert

li re

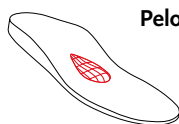
7 MITTELFUSSMODUL



Ohne

li re

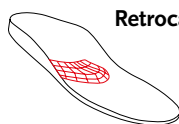
ohne
Modul



Pelotte

li re

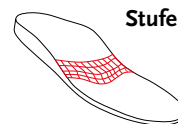
sehr flach
flach
mittel
hoch



Retrocapitale

li re

flach
mittel
hoch



Stufe

li re

flach
mittel
hoch