

Fred Longtin Handmade Shoes

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Name: _____

Telephone: _____

Date required:

Place right foot on the reverse side of thispage and draw outline, **holding pencil straight up and down**.

Tracing and measurements 1,2 & 3 are taken **sitting**. Please note any potential fitting issues.

Foot & Leg measurements:

Shoe size

- 1. Around ball of foot _____
- 2. Around instep _____
- 3. Around heel, over instep _____
- 4. Narrowest ankle measurement, above bone _____
- 5. Height of 4th measurement _____
- 6. Around calf at widest point _____
- 7. Height of 6th measurement _____
- 8. Around leg, below knee _____
- 9. Height from floor to back of knee _____
- 10. Around leg, above knee _____
- 11. Around thigh at mid point _____

