



THE DIAFOOT

Foot Care Products

Name : _____

Address : _____

Mobile No : _____

Email : _____

Requirements : _____

Above Ankle Bones : _____
(Centimeters)

Ankle Bones : _____
(Centimeters)

Long Heel Size : _____
(Centimeters)

Instep size : _____
(Centimeters)

**Measure from Tip
of Toe to Back of the Heel** : _____
(Centimeters)

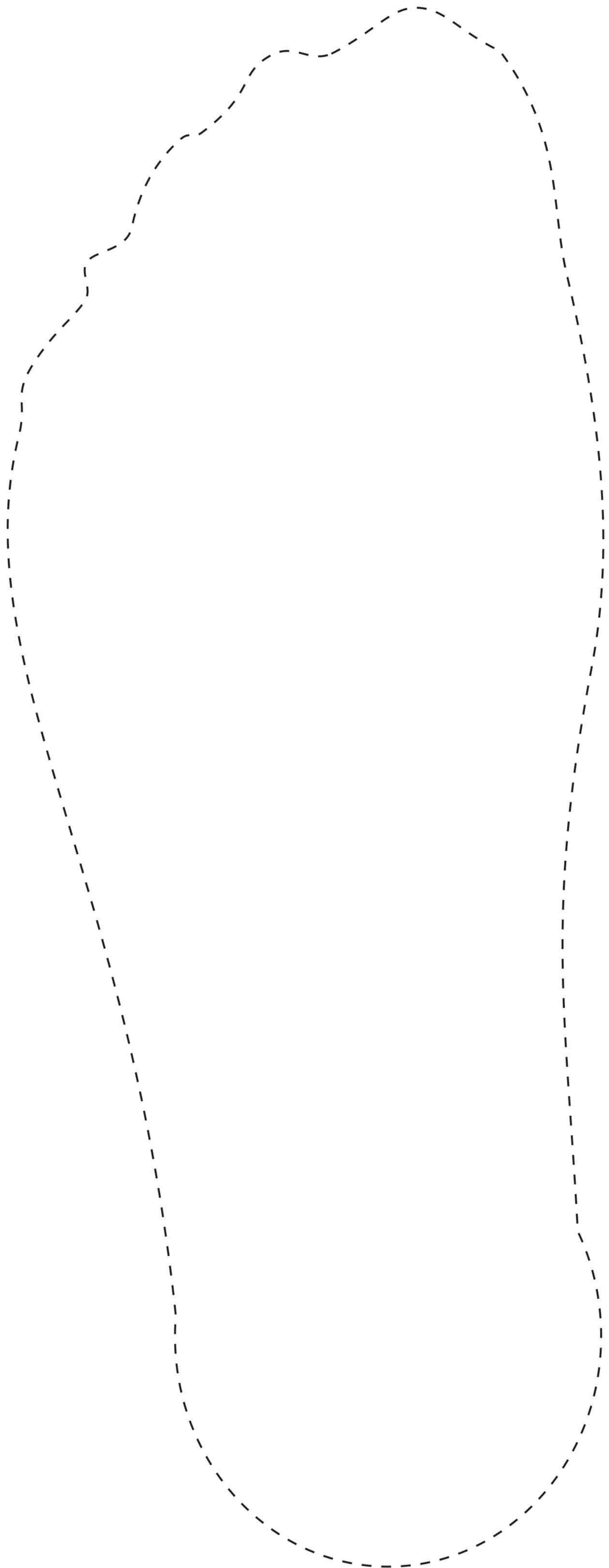
**Reference Doctor
Name & Address** : _____

Mfrs of High quality Diabetic ,Orthopedic, and Therapeutic Footwear

675 A, Ponnai Gounder Street, Near Sengaliyappan Hospital, R S Puram.Coimbatore.641002

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FOOT MEASUREMENT



18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

0cm 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26