

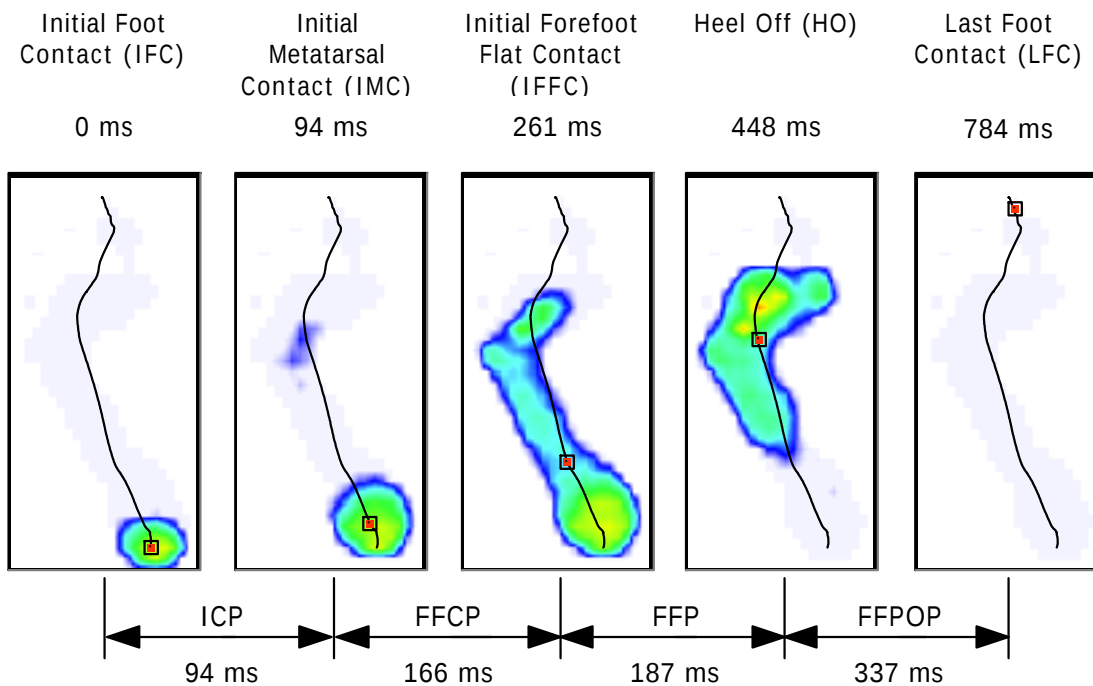
Patient information

Name: Miss Anon
 Address:
 Postal Code - City:
 Phone:
 Email:
 Measurement-name: Anon 2

Patient Code: 1
 Date of Birth: 2005-07-04
 Weight: 63 kg
 Shoesize: UK 7 - EU 40 2/3
 Date: 03/03/2005

Timing printout

Left Foot



Right Foot

