

Bill To: _____
Address: _____

Ship To: _____
Address: _____

Practitioner: _____
Phone #: _____

Patient Name: _____

Height: _____ Left Male
Weight: _____ Right Female
Age: _____ Bilateral

Order Date: _____
In-Office Request Date: _____ am pm
OPS invoice / NG encounter: _____

- STANDARD**
Standard Crow Walker Includes:
- ¼ Polypro Black
 - ½ Plastazote Insole
 - ¼ Pink Plastazote Liner
 - Three 1 ½ inch Dacron Backed Straps

NON-STANDARD OPTIONS

- Crow Boot with Liner
 PTB Feature

PLASTIC

- Polypro: 3/16 1/4

Color: _____

- Copoly: 3/16 1/4

Color: _____

LINER

- 1/4 Pink Plastazote
 1/4 Aliplast
 Other _____

INSOLE MATERIAL

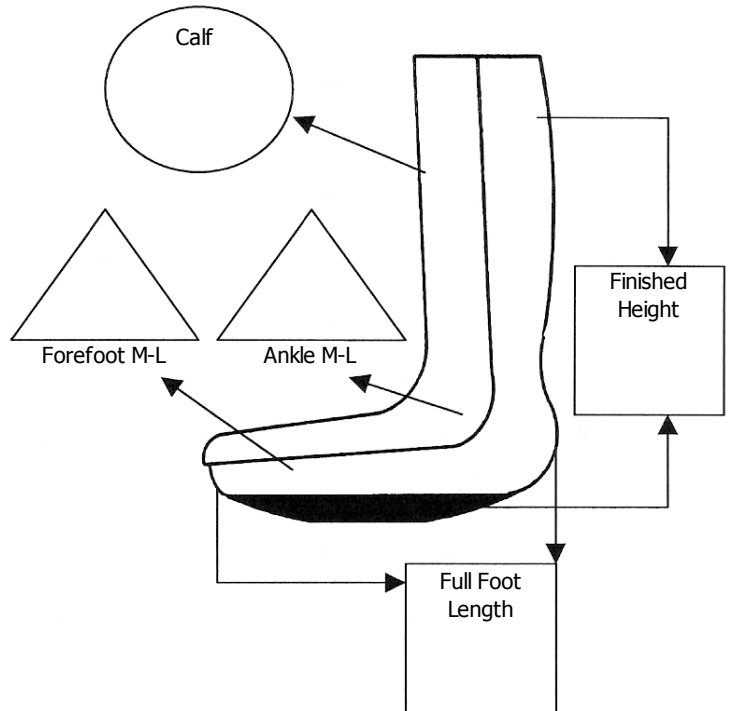
- 1/4 PPT
 1/2 Plastazote
 1/2 Aliplast
 Other _____

STRAPS

- 1 ½ inch Dacron Reinforced Strap
Color: White Black Beige
 Other _____

VENT HOLES

- Add Vent Holes



CASTING PROCEDURES

The patient's limb is cast in a non weight bearing position. The ankle and foot should be cast in the desired position of the finished orthosis. If desired, the patient's foot can be placed on a foam rubber block after it is cast.

MEASUREMENTS

All measurements must be taken. The foot measurements should be taken partially weight bearing with the toes fully extended. Add ½ to ¾ inch to the patient's full foot measurement for the finished length.

(Please provide tracing of foot)