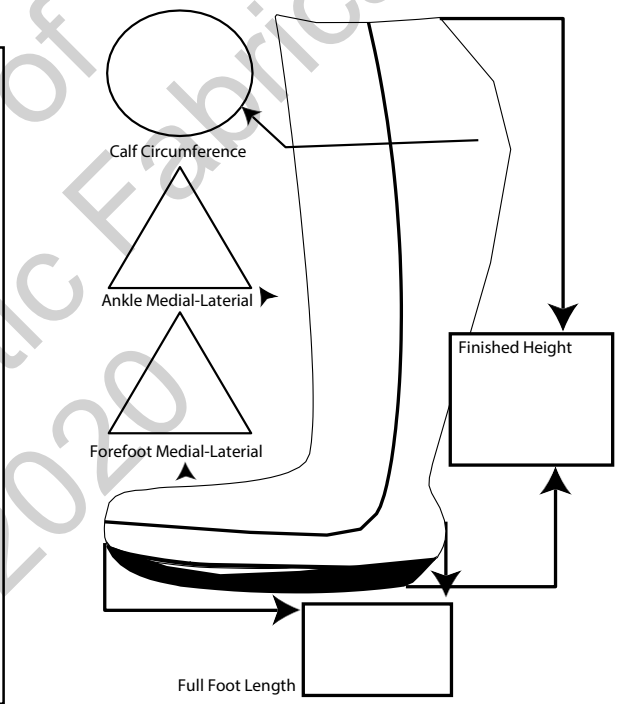


NAME OF PATIENT: _____ CONTACT PHONE: _____
 PO #: _____ TODAY'S DATE: _____ REQUESTED BY DATE: _____
 CLINIC NAME: _____ PRACTITIONER'S NAME: _____
 SHIP TO ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 SHIP VIA UPS: GROUND / 3DAY / 2DAYAM / 2ND DAY / NEXT DAY / NDS / NDAM SHIPPER ID: _____

PATIENT AGE: _____ M / F HEIGHT: _____ WT: _____ COLOR: _____
 LEFT / RIGHT
 ACTIVITY LEVEL: 1 2 3 4

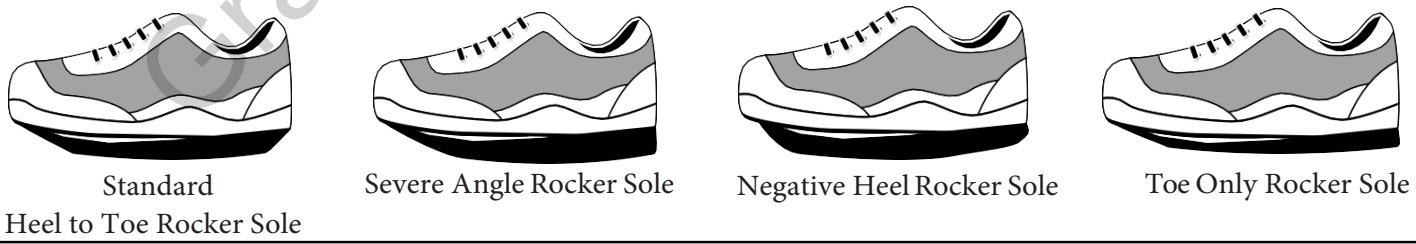
PLEASE CLEARLY MARK YOUR SELECTIONS

Color: Caucasian / Brown / Other _____
 Color Swatch # _____ Shoe Size: _____
CROW Walker: CROW with Liner / Add PTB Features
Liner: Pink Plastazote 1/4" / Aliplast 1/8" / Aliplast 3/16"
Cast Corrections: Leave as Casted / Correct to 90 degrees
Insole Material:
 Pink Plastazote 1/4" / Pink Plastazote 1/2" / PPT 1/8" /
 Plastazote 1/4" / OTHER _____
Posterior Plastic: Polypro / Copoly Size: 3/16" / 1/4"
 COLOR: _____
Anterior Plastic: Polypro / Copoly Size: 1/8" / 3/16"
 COLOR: _____
Straps: 1 1/2" / 2"



*** MEASUREMENTS**

All measurements must be taken. The foot measurements should be taken partially weight bearing with the toes fully extended. Add 1/4" to 3/4" to the plastics full foot measurements for the finished length.



ADDITIONAL INSTRUCTIONS: _____
