

CROW Walker ORDER FORM

Measurements

All Measurements must be taken. The foot measurements should be taken partially weight bearing with the toes fully extended. Add 1/8 to 1/4 inch to the patients full foot measurement for the finished length.

Heel to Toe Rocker Sole (Standard)



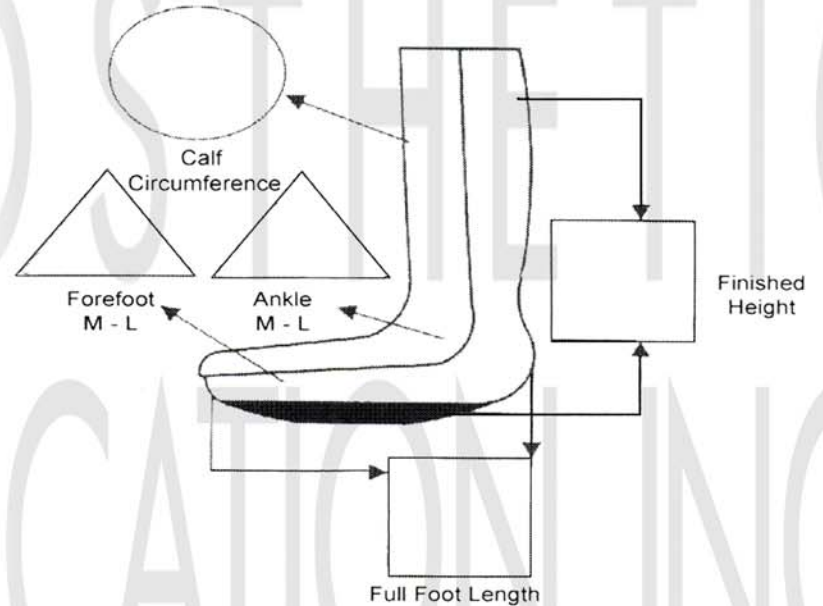
Company _____ PO # _____
 Practitioner _____ Left ___ Right ___
 Phone _____ Color _____
 Patient _____ Age ___ M / F

Crow Walker _____ Liner _____
 ___ Crow Walker w/Liner _____ Pink Plastazote 1/4"
 ___ Add PTB Features _____ Aliplast 1/8" 3/16"

Cast Corrections _____ Insole Material _____
 ___ Leave as casted _____ Pink Plastazote 1/4" 1/2"
 ___ Correct to 90 degrees _____ 1/8" PPT / 1/4" Plastazote
 ___ Other _____

Posterior Plastic _____ Anterior Plastic _____ Straps _____
 ___ Polypro _____ Polypro _____ 1 1/2"
 ___ Copoly _____ Copoly _____ 2"
 3/16" 1/4" 1/8" 3/16"

Color _____ Color _____
 Comments/Notes _____



SHIP TO:

COMPANY _____

ADDRESS _____

CITY, ST ZIP _____

Date Needed _____
 Please put actual date needed, not ASAP!

Ship Via: UPS: NDA AM NDA 2DAY AM 2DAY 3DAY GRD