



Patient Name: _____
 DX: _____
 Age: _____ Height: _____ Weight: _____
 Left Right Bilateral
 Heel Height : _____

Company: _____
 Location: _____
 Contact: _____ Phone: _____
 PO#: _____ Date Needed: _____

- Non-Ambulatory Transfers Therapeutic Household Community High Activity

DEVICE

- CROW PTB CROW

CORRECTION, (Desired Finished Brace Alignment):

FINISHED DORSI / PLANTAR ALIGNMENT

- 90 Other

Dorsi
 Deg. Plantar

FINISHED HINDFOOT ALIGNMENT

- Neutral As Casted Other

Varus
 Deg. Valgus

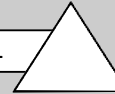
FINISHED FOREFOOT ALIGNMENT

- Neutral As Casted Other

Pronated
 Inch. Supinated

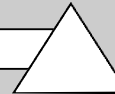
PT. MEASUREMENTS, (Anatomical):

Ankle ML

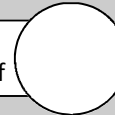


Heel to Instep AP

Met ML



Circ. At Widest Calf



REQUIRED

Finished Height

Foot Length

REQUIRED

MODIFICATIONS

Extra Relief Areas

- Medial Ankle Navicular 5th Met Achilles
 Lateral Ankle 1st Met Base of 5th Tibial Crest

Other Areas of Concern:

Marked

Other: _____

Materials

Color

- Black
 Natural
 Other

1/4" Liner

- Aliplast
 P-Cell
 Other

Additional Pads

- Aliplast
 P-Cell
 1/4" 3/16"
 Other _____

Location

Inlay

Standard

1/4" Pink Plastizote, 1/8" Poron, 3/4" White Plastizote

Other

Transfer Paper: _____

SOLING

- Standard Rocker

Rocker Style

Alternate Type Rocker: _____

Non-Skid

- Cat's Paw Ribbed Herringbone
 Non-Skid Provided Unattached

STRAPS

- Standard 1" Wrap Around Dacron Backed 3-Strap with Anterior Butterfly Chafes Add Instep Strap Other: _____

Additional Instructions:

V052912

Date:

Job Number:
