

**BILL TO:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**SHIP TO:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SAME AS BILLING

**PRACTITIONER:** \_\_\_\_\_

PHONE #: \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

HEIGHT:  LEFT  MALE

WEIGHT:  RIGHT  FEMALE

AGE:  BILATERAL

OPS INVOICE/NG ENCOUNTER: \_\_\_\_\_

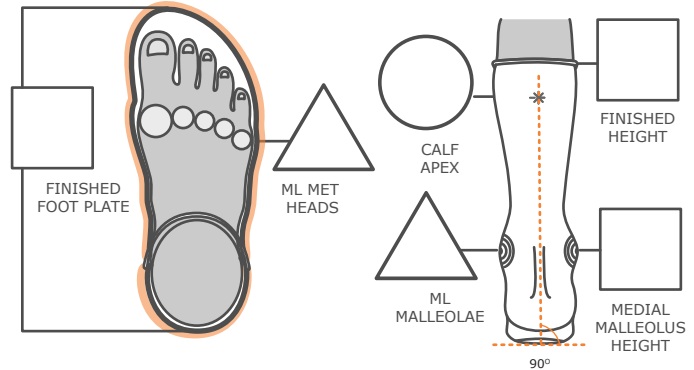
DATE OF SERVICES: \_\_\_\_\_

IN-OFFICE REQUEST DATE: \_\_\_\_\_

EARLY AM  AM  SATURDAY

**CROW WALKER**

- Heel Neutral
- Forefoot Neutral
- Ankle Neutral
- Full Footplate
- Medial Chafes
- 1/4" Plastazote liner
- 1/4" closed cell removable insole
- Diamond textured crepe
- 50/50 Duro (sole capping)
- Buildups +3/32
- Black 5/32" polypropylene
- 1 1/2" Black dacron straps (3)
- Crepe rocker bottom sole



**Non-weight bearing cast; cast in final corrected position. Tracing of foot is required, indicate finished foot length.**

**VARIATIONS**

**CAST CORRECTION**

- ANKLE**  DF \_\_\_\_\_°  PF \_\_\_\_\_° **HEEL**  IN \_\_\_\_\_°  EV \_\_\_\_\_° **FOREFOOT**  SUP \_\_\_\_\_°  PRO \_\_\_\_\_° **HEEL HEIGHT**  90°  OTHER  3/16  1/4  1/8

**MODIFICATIONS**

- + / BUILDUPS** LOCATION  3/32 \_\_\_\_\_  1/8 \_\_\_\_\_  5/32 \_\_\_\_\_  3/16 \_\_\_\_\_  1/4 \_\_\_\_\_  OTHER \_\_\_\_\_ **- / REDUCTIONS** LOCATION  3/32 \_\_\_\_\_  1/8 \_\_\_\_\_  5/32 \_\_\_\_\_  3/16 \_\_\_\_\_  1/4 \_\_\_\_\_  OTHER \_\_\_\_\_

**MATERIAL SELECTION**

TRANSFER:  NONE  DESIGN \_\_\_\_\_

- PLASTIC**  POLYPROPYLENE  COPOLYMER  POLYETHYLENE **THICKNESS**  5/32  3/16  1/4  1/8 **PADDING**  ALIPLAST  PLASTAZOTE  PE-LITE  OTHER **THICKNESS**  5/32  3/16  1/4  1/8 **LOCATION**  LATERAL  MEDIAL  FULL **REINFORCEMENT**  CORRUGATION  POLYCARBON C

**FINISH**

UNFINISHED  BLACK  PURPLE  BLUE  RED  BEIGE  PINK  OTHER \_\_\_\_\_

**STRAPS**

- LEATHER  DACRON  FIG 8  INSTEP  CHAFE MEDIAL  CHAFE LATERAL  1"  2" \_\_\_\_\_

**STRAP COLOR**

- VENT HOLES  EXT HEEL POST  EXT FOREFOOT POST  CREPE  PLASTIC \_\_\_\_\_°  CREPE  PLASTIC \_\_\_\_\_°

NOTES: \_\_\_\_\_