



Neuropathic CROW Boot Order Form

BRACE DESIGN

Brace Side Color

Right Standard Black

Left

Additions/Accomodations:

Additional Plastizote Footbed*

Other: _____

* Additional Charges Apply. Please call for pricing.



SPECIAL INSTRUCTIONS:

CAST SPECIFICATIONS

Important Note: It is absolutely necessary that the cast be taken with the foot and ankle at 90° to avoid any additional lab cast correction charges. Additional charges and delays may result if cast correction is necessary.

For best results, cast patient during the morning hours, semi-weight bearing and frontal plane neutral, avoiding excessive pronation/supination. This is an accommodative cast if deformities are present.

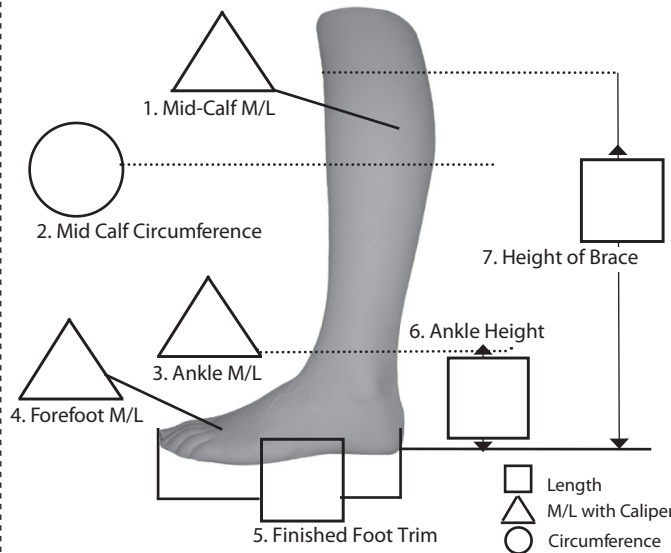
In Partnership with



REQUIRED MEASUREMENTS

Specify measurements for:

1. Mid-Calf M/L,
2. Mid Calf Circumference
3. Ankle M/L with caliper
4. Forefoot M/L
5. Finished Foot Length
6. Ankle Height.
7. Height of Brace



CAST CORRECTION

Ankle Alignment

90°

____° Dorsiflexion Plantar-flexion

Do not correct

Hindfoot Subtalar Alignment

Neutral

Do not correct

Forefoot Alignment

Neutral

Do not correct

Other _____

PATIENT INFORMATION (Patient information will remain secure and confidential)

Pt. Name or ID: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Occupation: _____

Activities: _____

BILL TO

Company: _____

Account No: _____

Contact Name: _____

Email: _____

Purchase Order: _____

Address: _____

City/State/Zip: _____

Tel: _____ Fax: _____

SHIP TO (if different than billing address)

Company: _____

Name: _____

Address: _____

City/State/Zip: _____

Tel: _____ Fax: _____

SHIP METHOD

Next Day* 2-Day 3-Day Ground

Please ship cast and completed order form to:

National Lab-Orlando
9561 Satellite Boulevard, Suite 350
Orlando, FL 32837
 P (407) 852-6170
 F (866) 855-1486
 NationalLabs_Orlando@spsco.com

Upon request SureFit offers a casting sock. Please specify the desired size:

MD LG XL

Please specify the desired type of sock:

Mid-Calf Bermuda (Full-Calf)