

PATIENT INFORMATION

Patient: _____
 Age: _____ Sex: _____ Height: _____ Weight: _____
 Diagnosis: _____

ORDER INFORMATION

PO#: _____

PRACTITIONER SHIPPING INFORMATION

Facility: _____
 Clinician: _____
 Address: _____
 City: _____
 State/Province/Region: _____ Zip: _____
 Country: _____
 Phone (Office): _____ Phone (Cell): _____
 Fax: _____ Email: _____

DEVICE SELECTION



CROW

Left
Right

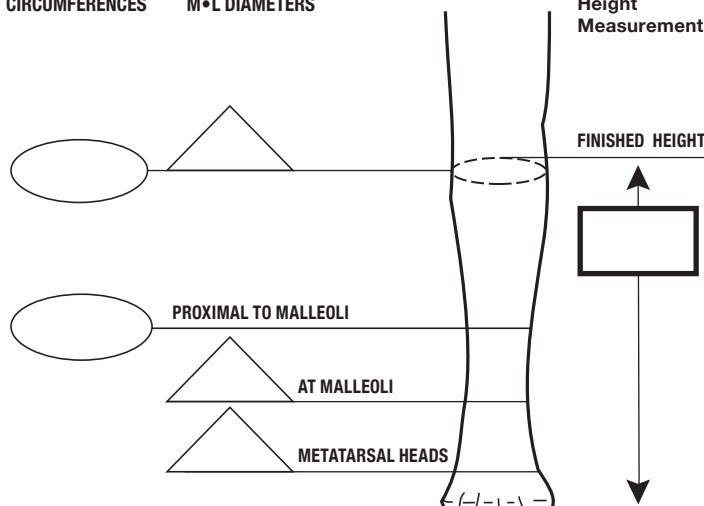
MEASUREMENTS +

Anatomic Measurements ☐ Inches ☐ Centimeters

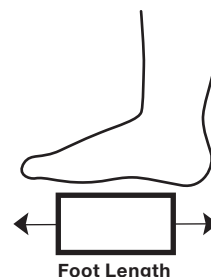
CIRCUMFERENCES

M • L DIAMETERS

Height
Measurements



Mark Ulcer Site



PRODUCT FEATURES

Polypropylene

White

Black*

Carbon ankle stiffeners
(extra charge)

Straps

Single Hand Closure Straps*

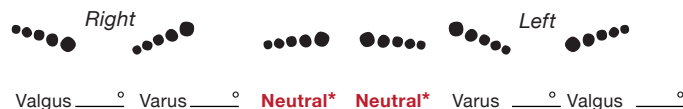
Butterfly Closure Straps

**Removable multi-layer
Plastazote inserts
(1 included)**

**Crepe rocker sole with
sulcus toe break**

FOREFOOT ALIGNMENT (VARUS/VALGUS)

Select Finished Alignment:



CAST CORRECTION

Sagittal Ankle Correction

Ankle Alignment
(dorsiflexion/plantarflexion)

Do not correct*

Correct to 90°

Correct to _____° DF PF

Coronal Hindfoot Alignment

Do not correct*

Correct to vertical

Correct to _____°

Varum Valgum

SPECIAL INSTRUCTIONS

Note: If you don't choose an option, the * (default) option will be selected for you.

+ AFO From Scan Orthometry Form required when providing scanned model.