

**PATIENT INFORMATION**

Patient: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

**PRACTITIONER SHIPPING INFORMATION**

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

**ORDER INFORMATION**

PO#: \_\_\_\_\_

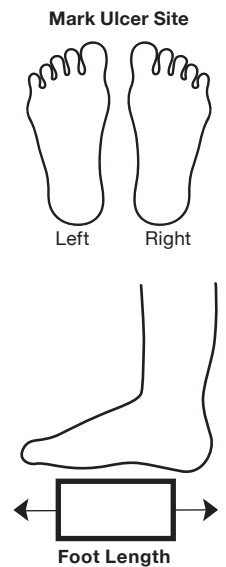
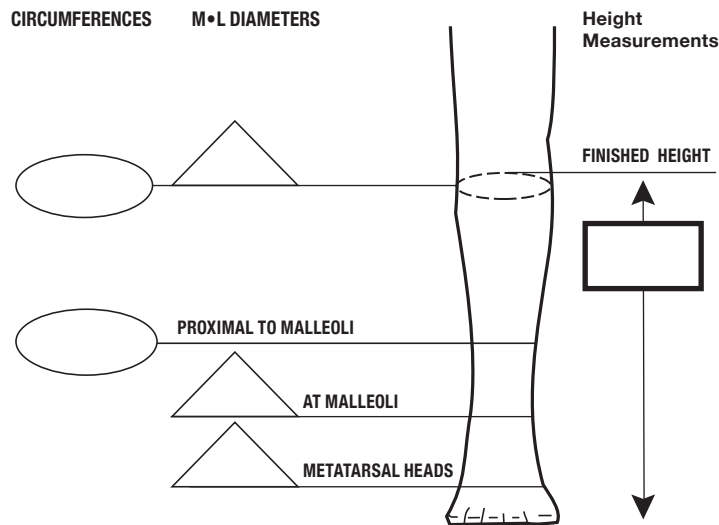
**DEVICE SELECTION**



**CROW**  
 Left  
 Right

**MEASUREMENTS**

Anatomic Measurements  Inches  Centimeters



**PRODUCT FEATURES**

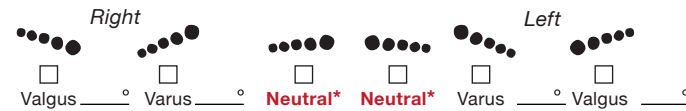
- Polypropylene**
- White
  - Black\***
  - Carbon ankle stiffeners (extra charge)

**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.**