

CRO WALKER ORTHOMETRY FORM

Today's Date: _____

Facility: _____

Patient: _____ Age: _____

Street: _____

Sex: _____ Ht: _____ Wt: _____ Activity Level: _____

City: _____ State: _____ Zip: _____

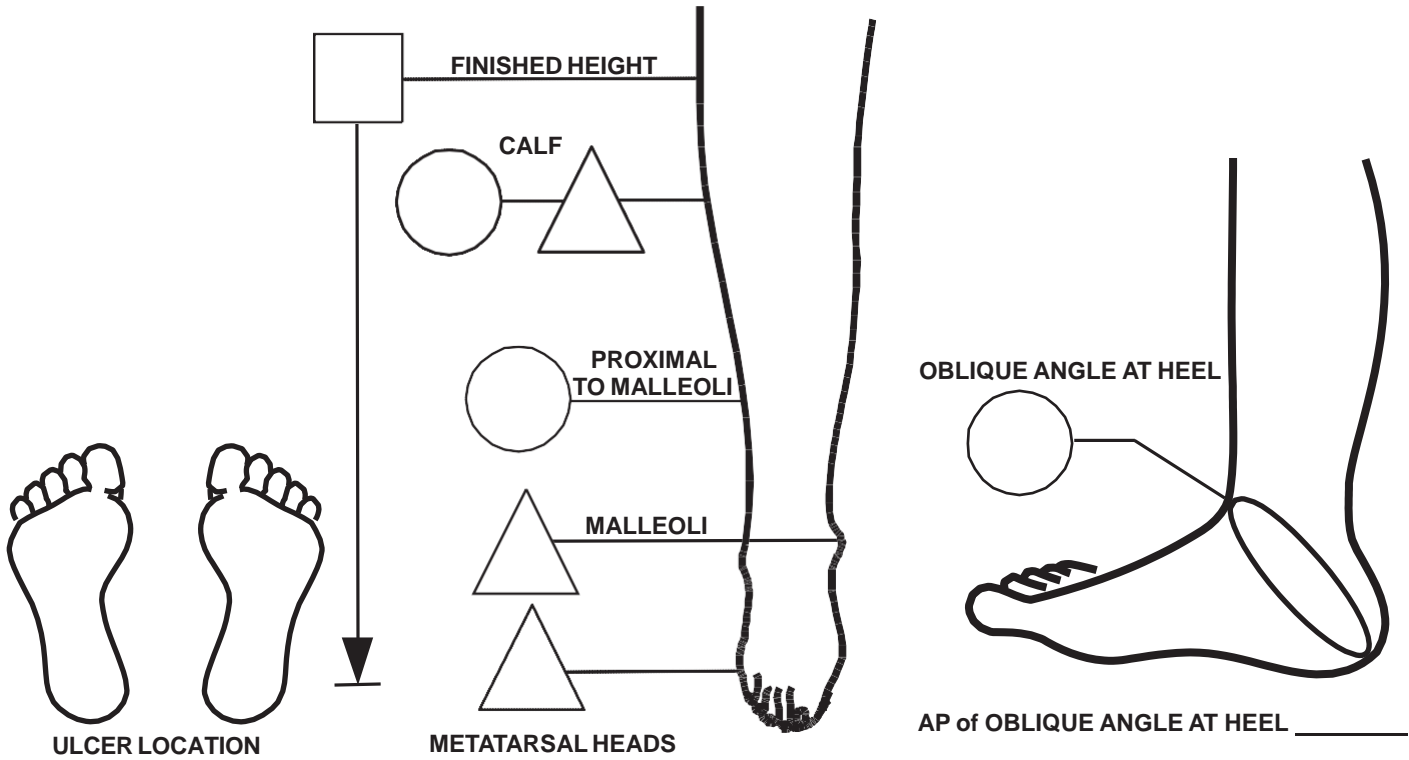
Diagnosis: _____

Orthotist: _____ Phone #: _____

PO #: _____ Delivery Date: _____

MEASUREMENTS: Inches Centimeters

LEG: Left Right Bilateral



Cast Correction
<input type="checkbox"/> Do not correct
<input type="checkbox"/> 90° <input type="checkbox"/> _____° PF/DF
<input type="checkbox"/> Correct Forefoot
<input type="checkbox"/> Correct Varus/Valgus
Heel Height: _____

Posterior Plastic	
Size	Color
<input type="checkbox"/> 1/4" (Std)	<input type="checkbox"/> Black (Std)
<input type="checkbox"/> 3/16"	<input type="checkbox"/> Black

Posterior Removable Liner Material	
<input type="checkbox"/> 1/2" Aliplast (Std)	<input type="checkbox"/> 1/2" Plastazote
<input type="checkbox"/> 1/4" Aliplast	<input type="checkbox"/> 1/4" Plastazote

Anterior Plastic	
Size	Color
<input type="checkbox"/> 3/16" (Std)	<input type="checkbox"/> Black (Std)
<input type="checkbox"/> 1/4"	<input type="checkbox"/> Black

Anterior Liner Material	
<input type="checkbox"/> 1/4" Aliplast (Std)	<input type="checkbox"/> 1/4" Plastazote
<input type="checkbox"/> 3/16" Aliplast	<input type="checkbox"/> 3/16" Plastazote

Reinforcement
<input type="checkbox"/> Corrugations
<input type="checkbox"/> Compcore®

Straps
Three Straps: Calf, Diagonal Ankle & Across Toes
<input type="checkbox"/> Simplified (Std) - Lateral hook/loop overlap strap w/ medial strap & loop centered on anterior shell
<input type="checkbox"/> Butterfly

Removable Insole Material
<input type="checkbox"/> 1/2" Plastazote (Std)
<input type="checkbox"/> Partial Foot Toe Filler
<input type="checkbox"/> Other _____

Sole
<input type="checkbox"/> Heel-To-Toe Rocker (Std)

Additional Instructions