Crow Boot Order Form

facebook.com/fablabexpress
linkedin.com/in/johngray71 www.fablabexpress.com
7947 Leroy Boatwright St. • Millington, TN 38053 Phone: (901) 487-9720 Email: john@fablabexpress.com

Facility: _____

Address: _____

Requested by (Provider): _____ **Phone:** _____

Patient Name: _____	O **Male** O **Female**	**PO#:** _____	**Date of Measure:**	
Age: _____ **Height:** _____ **Weight:** _____	O **Left** O **Right** O **Bi-Lateral**	**Shoe Size:**		**Date Required:**

Device Opions:

Posterior Plastic:

O Poly Pro O Co-Poly Thickness: _____

o Black (standard)

Anterior Plastic:

O Poly Pro O Co-Poly Thickness: _____

o Black (standard) *O Add PTB Features*

Liner:

O Pink Plastizote 3/16" O Pink Plastizote 1/4"

O White Volara 1/8" O White Volara 3/16"

O Other _____

Insole Material:

O Pink Plastizote 1/4" O White Plastizote 1/4"

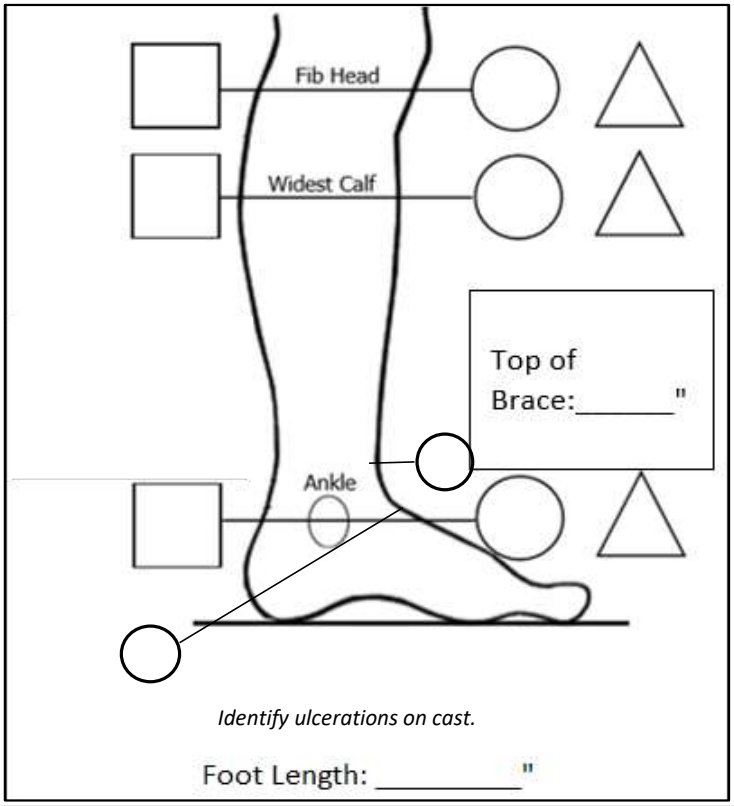
O White Plastizote 3/8"

O Other Layup _____

Straps:

Strap Width: O 2" O 1-1/2"

Number of Straps: O 2 O 3



Identify ulcerations on cast.

Foot Length: _____"

Rocker Sole Options:

O Heel to Toe Rocker (Lab Standard)

O Severe Angle Rocker

O Negative Angle Rocker

O Forefoot Rocker

Cast must exceed brace height.

Notes/Additional Information:

_____

_____

_____

_____

_____

_____

_____

_____

Cast Preparation:

O As Casted O Correct Ankle

O Correct Foot to Neutral O Varus/Valgus

O Dorsi / Plantar Flexion _____°

o Additional Notes on Back