



Charcot Restraint Orthotic Walker (CROW) Order Form

Return this form with cast to:

United States 2905 Veterans Hwy • Ronkonkoma • NY • 11779

T: 800.645.5520 • F: 800.419.0772

Canada 160 Markland Street • Markham • Ontario • L6C 0C6

T: 877.644.4344 • F: 877.551.3001

Lab Use Only

Opened By: _____

Date Received: ___ / ___ / ___

Incoming Postage: _____

Account # _____ P.O. # _____

Account Name: _____

E-Mail: _____

Practitioner: _____

Phone: _____ Fax: _____

Address: _____

City, ST/Province: _____

Zip/Postal Code: _____

Patient Name: _____

Date of Birth: ___/___/___ Sex: M F

Height: _____ Weight: _____ Shoe Size: _____

Primary Activity for Orthotic Use: _____

Diagnosis: _____

CHARCOT RESTRAINT ORTHOTIC WALKER (CROW) Right Left Bilateral



Copolymer

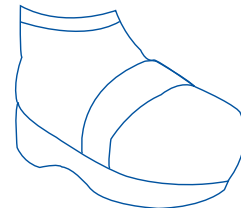


Leather

Rocker Sole Style (Available only on Copolymer Crow)



Heel-to-toe



Double

Additional Charge Options

Patella Tendon Bearing Type Socket

*** Use Bermuda Sock for this brace.**

Required Measurements:

Width of forefoot at metatarsal heads _____ in Circumference above ankle _____ in

Width of ankle joint at widest point _____ in Circumference at 3" above ankle _____ in

All braces ship with a free STS Casting Sock. If no size is selected, a large sock will be sent.

Small Medium Large X-Large

Lab Cast Correction Fee:

Correction to the AFO after fabrication will incur charge. To avoid additional charges, casts must be taken with the ankle at 90 degrees neutral and the foot in subtalar neutral.