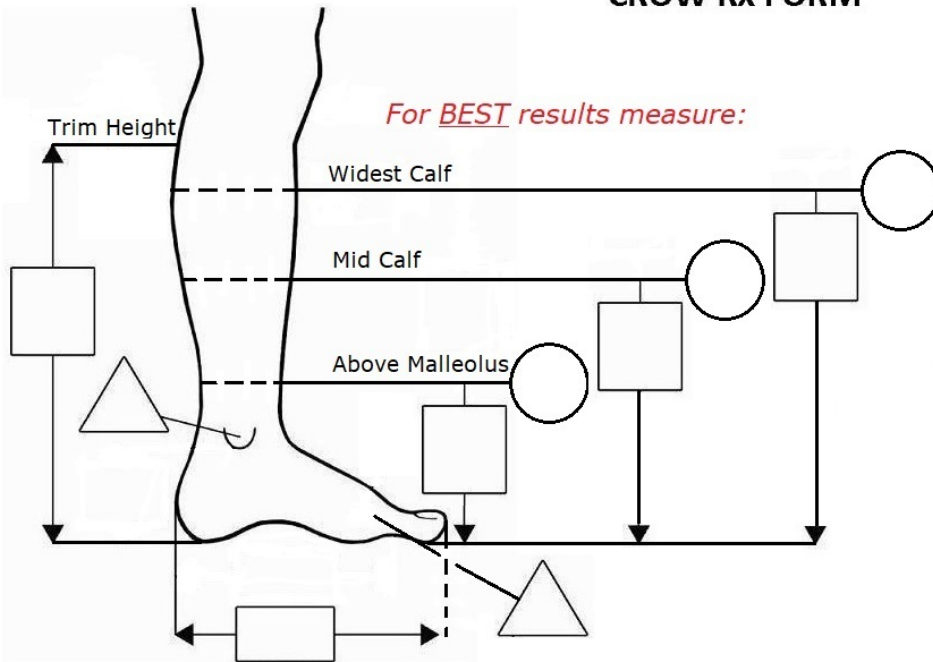


Account Name _____	Phone (____)____-____
Address _____	Date ____-____-____
City _____	State ____ Zip ____
Practitioner Name _____	e-mail _____

Patient Name	<input type="text"/>	M <input type="checkbox"/> / F <input type="checkbox"/>
Patient Weight	<input type="text"/> lbs	Diagnosis _____
Principal Reason for the CROW _____		
Is Patient currently <input type="radio"/> Ambulatory OR <input type="radio"/> Non-Ambulatory? <input type="radio"/> Right <input type="radio"/> Left?		

To Ensure Success	
<input type="radio"/> Cast semi-weight bearing on foam	<input type="radio"/> Measure CIRC and M-L
<input type="radio"/> Toes <u>must</u> be visible in the cast	<input type="radio"/> Consider effect of edema on final fit
** MUST Include Weight Bearing tracing OR Foam Impression of foot **	

CROW Rx FORM



Heel to Toe Length = ____ in
(of the foot)

SPECIAL INSTRUCTIONS

CAST MODS
<input type="radio"/> Rigid foot: Leave As Is
<input type="radio"/> Flexible: Correct to Neutral
<input type="radio"/> Correct Ankle Varus/Valgus
<input type="radio"/> Correct Forefoot to Neutral

STANDARD CROW
<input type="radio"/> 3/16" Polypro BLACK
<input type="radio"/> 3/16" Volara Lining
<input type="radio"/> 2 x 1.5" Dacron Backed Straps
<input type="radio"/> Removable Triple Density Insole
<input type="radio"/> Rocker sole with non-skid soling