

Patient Name: _____	Customer: _____
Clinician: _____	Ship to: _____
PO # _____	Bill to: _____
Diagnosis: _____	

Male / Female / Left / Right / Bilateral Height: _____ Weight: _____ Age _____

Due Date: _____

CROW WALKER

Cast correction:

___ Correct cast to 90 degree

___ Correct Valgus ___ Correct Varus

___ Leave cast as is

PLASTIC

Polypro _____

Copoly _____

Color: _____

LINER

Volara: 1/8" ___ 3/16" ___ 1/4" ___

___ Other: _____

INNERSOLE MATERIAL

___ Tri-Density innersole

___ P-cell

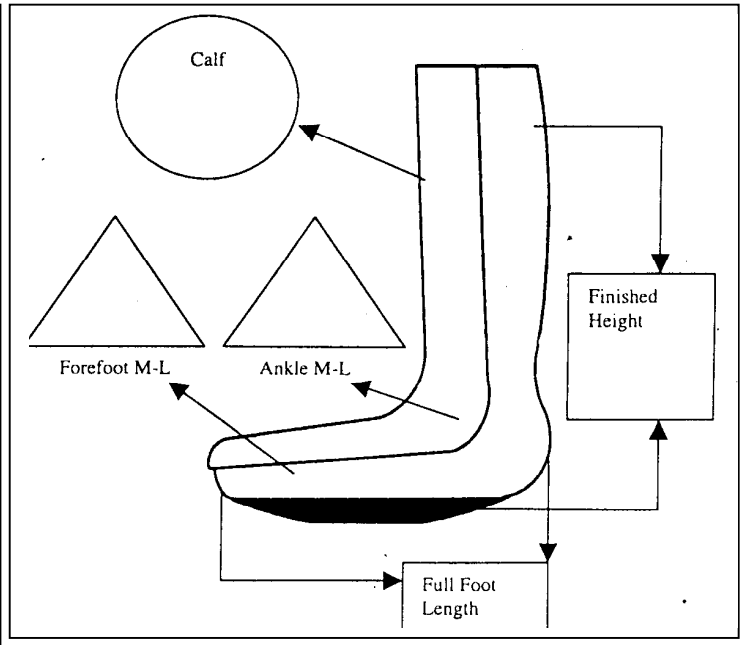
___ Other: _____

STRAPS

___ 1.5" Dacron Reinforced Strap

Color: White or Black

Other: _____



- Standard Crow Walker Includes**

 - 3/16" Polypro (Black or White)
 - Removable Tridensity innersole
 - 3/16" Volara Liner
 - 2 - 1.5" Dacron Backed Straps
 - Rocker sole with non-skid soling

Special Instructions: _____
