

CROW WALKER ORDER FORM

www.pinetreeorthopedic.com

175 Park Street •Livermore Falls, ME 04254 Toll Free: 1-855-735-PTOL Fax: (207) 897-1117 email: info@pinetreeorthopedic.com

ACCOUNT:	CAST PREPARATION	LAB USE ONLY
SHIP TO:	OLeave AS CAST	ORDER ID:
	OCorrect Ankle	
PRACTITIONER:	OVarus/Valgus ODorsi/plantarflexion	DI/ QC:
CONTACT #()	OCorrect Forefoot to Neutral	DI/ QC:
	DEVICE OPTIONS	
PATIENT:	POSTERIOR PLASTIC	
AGE: WEIGHT: OMale	OPoly Pro OCo-Poly Thickness: Black Flesh White	
PO#	ANTERIOR PLASTIC	
	OPoly Pro OCo-Poly Thicknes	ss: O Add PTB Features
TRIM HEIGHT	BlackFleshW LINER	hite
(Measure from floor to top of brace)	OPink Plastizote 3/16" OPink Plastizote 1/4" O White Volara 1/8"	
	OWhite Volara 3/16" Oother	
Widest Calf	Widest Calf INSOLE MATERIAL	
Circumference		stizote 1/4" OWhite Plastizote 3/8"
	Other Layup	
		Number of Straps: O 2 O 3
		·
	ROCKER SO	LE OPTIONS
Ankle M/L OHeel to Toe Rocker (Lab Standard)		dard)
/ \Allow II/2	OSevere Angle Rocker ONegative Heel Rocker OForefoot Rocker	
Forefoot M/L		STRUCTIONS
Toricinati 1/2	SPECIAL INSTRUCTIONS	
Full Foot Longth		
Full Foot Length *Critical Measurement		
		Continued on Back

In order to ensure proper fit, please supply all requested measurements.

We suggest foot length be measured by tracing patient's foot semi-weight bearing (with toes extended) on paper and measuring the outline. Then add 1/4" to 3/4" (as desired) to find the required footplate length. Please be sure that casts submitted are an accurate representation of the patient's foot/leg alignment. Casts that are in extreme and preventable positions will be subject to additional fees for the time/resources needed to modify the cast to a useable level. If you have any questions about casting procedures, please feel free to call us BEFORE casting the patient and we will be more than happy to assist you. ©2018 PTOL Inc. Rev. 918v1