

Patient Name: _____
 Clinician: _____
 PO # _____
 Diagnosis: _____

Customer: _____
 Ship to: _____
 Bill to: _____

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" ___

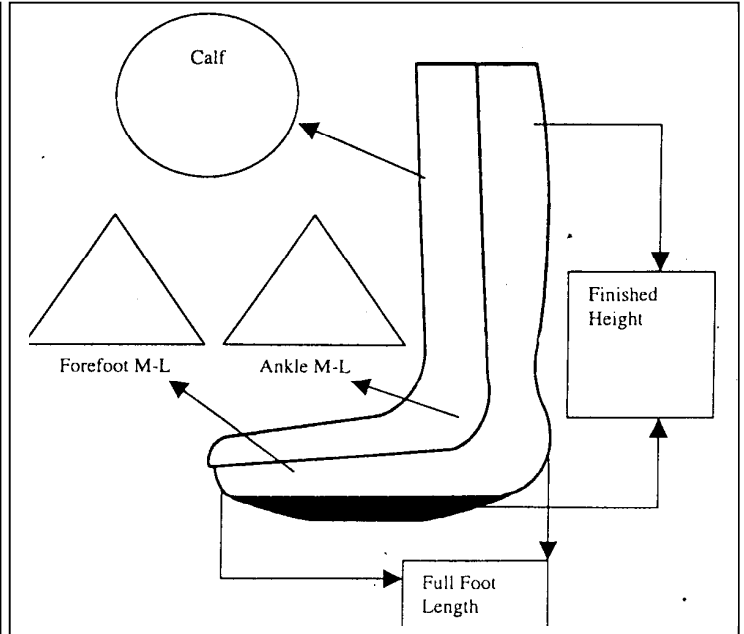
___ Other: _____

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: _____

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