CROW Walker PRO-TECH FABRICATION ph: 866-819-1157 Fax: 866-473-8105 Patient Name: Customer: Clinician: _____ Ship to: PO#_____ Bill to: _____ Diagnosis: Male / Female / Left / Right / Bilateral Height: _____ Weight: ____ Age ____ Due Date: CROW WALKER Calf Cast correction: ___ Correct cast to 90 degree ___ Correct Valgus ___Correct Varus Leave cast as is Polypro_____ Finished Copoly Height Color: _____ Forefoot M-L Ankle M-L Volara: 1/8"___ 3/16"__ 1/4" ____ ___ Other: _____ INNERSOLE MATERIAL Full Foot Length ___ Tri-Density innersole P-cell Standard Crow Walker Includes • 3/16" Polypro (Black or White) **STRAPS** • Removable Tridensity innersole __ 1.5" Dacron Reinforced Strap • 3/16" Volara Liner Color: White or Black 2 - 1.5" Dacron Backed Straps Other: Rocker sole with non-skid soling

Pro-Tech Orthopedics

Special Instructions:

95 Ryan Drive, Ünit 8 Raynham, MA 02767 Phone: 866-819-1157 Fax: 866-473-8105 www.protech-intl.com