



Pedorthic Laboratory Specialties

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COMPANY INFORMATION

CROW BOOT COMBO ORDER FORM

COMPANY NAME _____

PHONE (____) _____ - _____

FAX (____) _____ - _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PATIENT INFORMATION

PATIENT NAME

PO# _____

DIAGNOSIS _____

GENDER MALE -OR- FEMALE HEIGHT _____' _____" WEIGHT _____ LBS

OVERALL HEIGHT OF CROW BOOT _____" CLB SHOE SIZE _____

IS PATIENT CURRENTLY AMBULATORY -OR- NON-AMBULATORY

BRACE NEEDED

- RIGHT
- LEFT
- BILATERAL

CAST MODS

- RIGID FOOT: LEAVE AS IS
- FLEXIBLE: CORRECT TO NEUTRAL
- CORRECT ANKLE VARUS/VALGUS
- CORRECT FOREFOOT TO NEUTRAL

COLOR OPTIONS

- BLACK
- WHITE

ALIPLAST LINING

- 1/8" 3/16" 1/4"
- OTHER _____

SPECIAL INSTRUCTIONS: _____

ROCKER OPTIONS

- SULCUS ROCKER (Standard)



- FULL ROCKER



- MID STANCE ROCKER



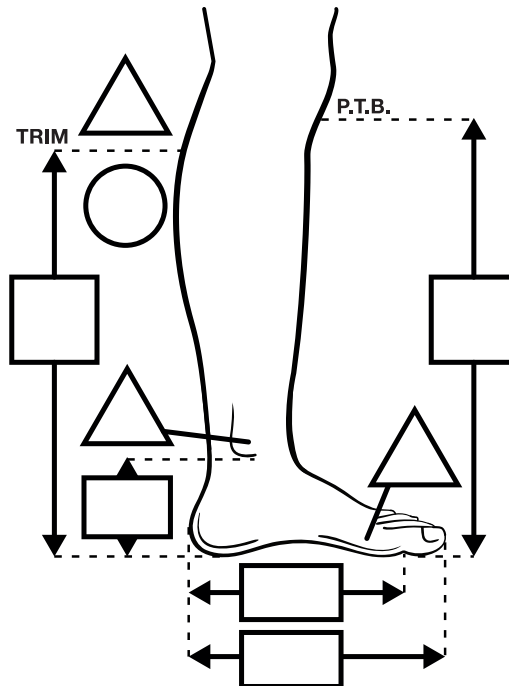
- METATARSAL ROCKER



- ALTERNATE ROCKER



PLEASE ILLUSTRATE



HEEL TO TOE LENGTH _____" (OF FOOT)

IMPORTANT! **INCLUDE WEIGHT BEARING TRACING**