

## CROW BOOT FABRICATION

Patient Name:				ID#:	PO#
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age:	Weight:	Height:	Due Date: / /
Affected Side: <input type="checkbox"/> B/L <input type="checkbox"/> Left <input type="checkbox"/> Right			Diagnosis:		
Company Name:				Contact Name:	
Shipping Address:				Phone:	
Billing Address: (if different)				Email:	
Shipping: <input type="checkbox"/> Ground <input type="checkbox"/> 3 Day Select <input type="checkbox"/> 2nd Day Air <input type="checkbox"/> 2nd Day Air AM <input type="checkbox"/> Next Day Air Saver <input type="checkbox"/> Next Day Air					

## CAST SPECIFICATIONS

MODS / FEATURES	
Set Ankle at: ____ 90° ____ other	
Ankle / Forefoot: <input type="checkbox"/> Neutral <input type="checkbox"/> As is	
Modification Specs:	
<input type="checkbox"/> PTB (Cast must be to mid-patella)	
Other Build-ups / Reliefs:	
ANTERIOR PANEL	
<input type="checkbox"/> Interlocking (standard) <input type="checkbox"/> Hinged	
PADDING	
<b>*Straps will be reinforced with Dacron per plastic color</b>	
<input type="checkbox"/> Fully Lined (Standard 1/2" Plastazote posterior, 1/4" anterior) ____ Other / Additional Padding	
<b>PLASTIC</b>	Posterior: 1/4" Polypro w/1/2" Plastazote. Anterior: 3/16" Polypro w/1/4" Plastazote. Specify in Additional Instructions, if something different is needed.
<input type="checkbox"/> Black	
<input type="checkbox"/> White	
<b>SOLING</b>	<input type="checkbox"/> 3D printed rocker <input type="checkbox"/> Crepe w/rocker bottom <input type="checkbox"/> 1/8" Ribbing/Herringbone <input type="checkbox"/> Catspaw/Top Lift

MEASUREMENTS	
Finished CROW Height	
Fib Neck Height	
AP at MPT (for PTB CROW)	
Prox Ankle ML (1" above apex of Med Mall)	
Ankle ML (apex of malleoli)	
Met ML (in weight bearing)	
Foot Length (in Weight Bearing)	
Finished Footplate Length: heel - 1 <sup>st</sup> toe	



CIRCUMFERENCES	
17"	
16"	
15"	
14"	
13"	
12"	
11"	
10"	
9"	
8"	
7"	
6"	
5"	
4"	
3"	
2"	
1"	
Instep	
Midfoot	
Met heads	

Additional Instructions: