

# C.R.O.W. Boot

Date: \_\_\_\_\_ P.O #: \_\_\_\_\_  
 Account Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**PATIENT INFORMATION:**  
 Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: M or F  
 Weight: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Shoe Size: \_\_\_\_\_  
 Type of Shoes: \_\_\_\_\_

**Color:**  
 Color  
 Black

**Cast Corrections:**  
 Leave as Casted  
 Correct to 90°

**Posterior Plastic:**  
 Polypro 3/16"  
 Copoly 3/16"

**Anterior Plastic:**  
 Polypro 1/8"  
 Polypro 3/16"  
 Copoly 1/8"  
 Copoly 3/16"

**Insole Top Cover:**  
 Plastazote  
 Microcell Puff

**Liner:**  
 Plastazote  
 Ali-Plast  
 P-Cell

**Straps:**  
 1 1/2"       Black  
 2"             White

**SHIP TO (if different from billing address)**  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**NOTE:** Cast 1" above desired brace height  
 \*CAST MUST INCLUDE END OF TOES\*

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

