

# Custom-to-Cast Crow Boot Order Sheet

**IMPORTANT NOTE: WEIGHT BEARING TRACING OR CRUSH BOX IS STRONGLY RECOMMENDED FOR ACCURACY.**

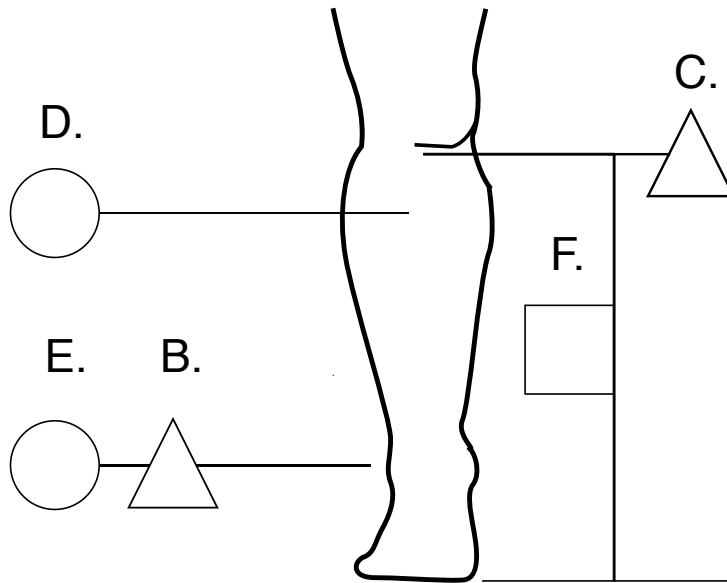
CROW BOOT

PTB CROW BOOT

**Posterior Shell**

Polypropylene (Black)  
 3/16"  1/4"  
 Other: \_\_\_\_\_

Finished Aliplast  
 3/16"  
 Finished Plastazote  
 3/16"



**Ankle Flexion**  
 AS IS   
 90°   
 Other

**Hindfoot**  
 AS IS   
 Sub Talor Neutral   
 Other

**Forefoot**  
 AS IS   
 Neutral   
 Other

**Anterior Shell**

Polypropylene (Black)  
 5/32"  3/16"  
 Other: \_\_\_\_\_

Finished Aliplast  
 3/16"  
 Finished Plastazote  
 3/16"

LEFT  RIGHT **FOOT LENGTH**  Bearing \_\_\_\_\_  
 Non Bearing \_\_\_\_\_

**MEASUREMENT LEGEND**

A = Brace Height      B = Ankle ML      C = Knee ML  
 D = Widest Calf Cir.      E = Ankle Cir.      F = Patella Tendon to Floor

ID/Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Company: \_\_\_\_\_ P.O.#: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Bill to Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Required: \_\_\_\_\_

Ship Via: \_\_\_\_\_ Ship Date: \_\_\_\_\_

Additional Info: \_\_\_\_\_

**Options**

Reinforcement\*  
 Toe Filler\*  
 Dacron Strap upgrade \*

**Miscellaneous**

Edema Issues Yes  No   
 If yes, please explain \_\_\_\_\_

Ulcer Issues Yes  No   
 If yes, please explain \_\_\_\_\_

**Fax This Form to 877.737.8445 or Call 877.737.8444**

Include this form with negative cast.

**\*Items marked with an \* will incur additional charges.**

Ship To: Orthomerica Products Inc.  
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 Orlando, FL 32810

**ORTHOMERICA**  
 877-737-8444 | orthomerica.com