

Custom-to-Cast Crow Boot Orthometry Form

A semi-weight bearing crush box or tracing is recommended for accuracy.

Posterior Shell
1/4" Copolymer (Black)

Other: _____
3/16" Finished Aliplast

Other: _____

Anterior Shell
3/16" Copolymer (Black)

Other: _____
3/16" Finished Aliplast

Other: _____

Options

Reinforcement*
 Toe Filler*
 Dacron Strap*

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

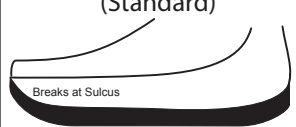
Ulcer Issues

Yes No

If yes, please explain: _____


Rocker Options

Sulcus Rocker (Standard)

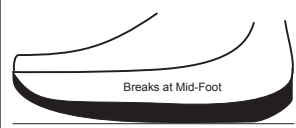


Breaks at Sulcus

Full Rocker

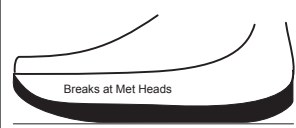


Mid Stance Rocker



Breaks at Mid-Foot

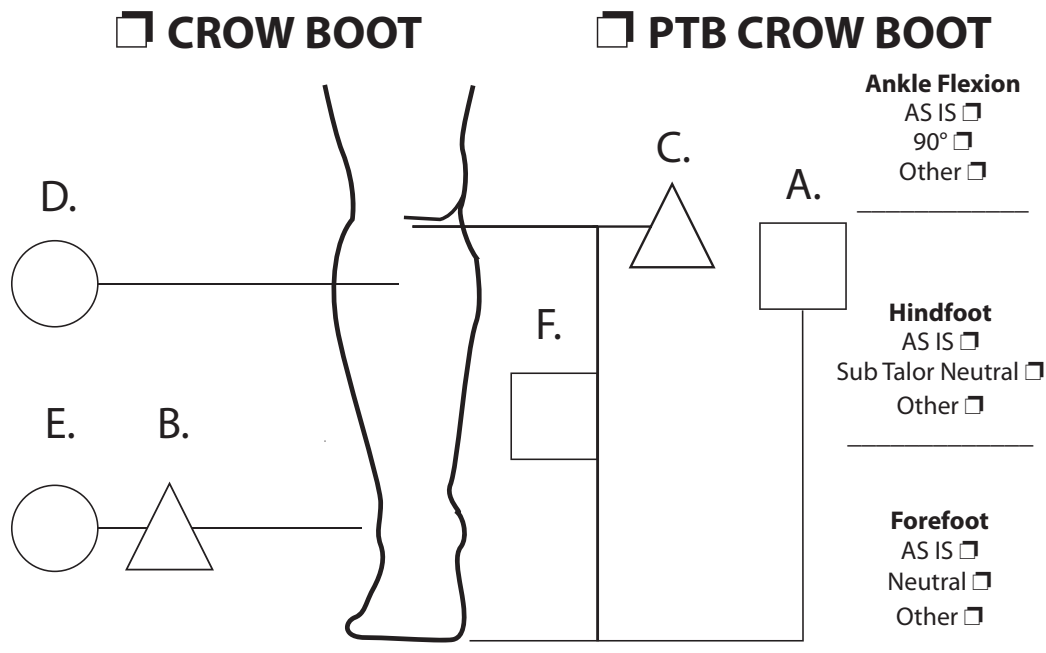
Metatarsal Rocker



Breaks at Met Heads

Alternate Rocker

Please illustrate: _____



LEFT **RIGHT** **FOOT LENGTH** Weight Bearing _____
 Non Weight Bearing _____

MEASUREMENT LEGEND

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

Patient ID: _____ Date: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Diagnosis: _____

Company: _____ P.O.#: _____

Ship to Address: _____

Bill to Address: _____

Contact: _____ Phone: _____

Date Required: _____

Ship Via: _____ Ship Date: _____

Special Instructions: _____

Fax this form to 877-737-8445 or Call 877-737-8444

Include this form with negative cast.

SHIP TO: Orthomerica Products Inc • 6333 N Orange Blossom Trl • Orlando FL 32810