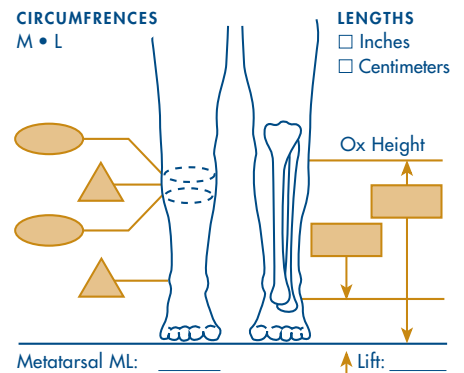


PATIENT INFORMATION			
Today's Date: _____	Due Date: _____	Account #: _____	P.O. #: _____
Patient Name: _____		Facility: _____	Practitioner: _____
Patient ID#: _____		Bill To: _____	Ship To: _____
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Affected Side: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral		
Age: _____	Height: _____	Weight: _____	<input type="checkbox"/> Ground <input type="checkbox"/> 2 Day <input type="checkbox"/> Next Day

LEATHER ANKLE GAUNTLET ORDER DESCRIPTION	
① Device: <input type="checkbox"/> N/A Style: <input type="checkbox"/> Standard A <i>Approximately 5" above malleoli</i> <input type="checkbox"/> Standard B <i>Same with posterior plastic interframe</i> <input type="checkbox"/> Leather w/Plastic Extension <i>Incorporates 3/32" PolyPro calf extension</i>	③ Patient Modifications: <input type="checkbox"/> N/A Range of Motion: <input type="checkbox"/> Leave Cast As Is <input type="checkbox"/> Correct to Neutral <input type="checkbox"/> Other: _____ Forefoot: <input type="checkbox"/> Leave as in Cast <input type="checkbox"/> Correct to Neutral Foot Plate: <input type="checkbox"/> Full Foot Plate <input type="checkbox"/> Sulcus Foot Plate Knee: <input type="checkbox"/> Knee affects leg angle <input type="checkbox"/> Genu Varum: _____ <input type="checkbox"/> Genu Valgum: _____ Footboard: <input type="checkbox"/> Mold was taken using a footboard Height of board: _____
② Materials: <input type="checkbox"/> N/A Closure: <input type="checkbox"/> Velcro <input type="checkbox"/> Laces <input type="checkbox"/> Combination (lace distal/velcro proximal) Color: (Use color swatch numbering guide) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 (black)	

CROW ORDER DESCRIPTION	
① Device: <input type="checkbox"/> N/A Cast Ready to Be Poured: <input type="checkbox"/> Yes <input type="checkbox"/> No Ankle Set In: _____ Charcot Restraint Orthotic Walker: <ul style="list-style-type: none"> Copoly construction w/reinforced ankles Fully lined with aliplast, 1/8" PPT trapped under sole Additional aliplast pad over instep before aliplast anterior shell is formed Removable 1/4" molded plastazole insole Four dacron reinforced straps: top calf, distal calf, 45° at ankle, over forefoot Firm crepe sole with rocker bottom 	② Design: <input type="checkbox"/> N/A Design Details: Modification: _____ _____ Foot Length: _____ <i>Standard modification is to add 1" to above</i> Color: _____ Extra Insole: <input type="checkbox"/> Yes <input type="checkbox"/> No Fracture Socks: <input type="checkbox"/> Yes <input type="checkbox"/> No Quantity: _____ Size: _____



ANKLE
 Varus Valgus
 Flexible Rigid
 Degrees: _____
 Toe Out Toe In
 Degrees: _____
 Heel Height: _____
 Foot Length: _____
 Device Toe Plate Length: _____

ADDITIONAL INSTRUCTIONS
<input type="checkbox"/> Return casts _____ _____ _____