



Crow Walker / PTB Crow Walker Order Form

1118 Longwood Avenue 2nd FL. Bronx, NY 10474

Phone: (718) 618-7292 • Fax: (718) 618-0733

www.NewYorkOMC.com Email: Info@NewYorkOMC.com AFO Scans: Scan@NewYorkOMC.com

Date: ____/____/____

Bill To:

Account Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Casting Contact: _____

Email Address: _____

Ship To:

Ship To Same as Bill Address:

Ship To Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: () _____ **Fax:** () _____

P.O. #: _____

Patient Name: _____ Male Female **Weight:** _____ **Age:** _____

Activity Level: Low / Transfer Medium High / Active

Diagnosis: _____

Primary reason for the Device: _____

Clinical Observation:

Ankle: Normal/Flexible Limited Fixed / Fused **Forefoot:** Normal / Flexible Limited Fixed / Fused

Left Right Bilateral

Specify Height: _____ (Measured from base Heel to Top)

Plastic Color: WHITE BLACK

Plastic Thickness: 3/16" 1/4" Other _____

Volara Thickness: 3/16" 1/4" Other _____

Velcro #: 3 4 Other _____

Soling: Forefoot Rocker Heel to Toe Roller

Insert: 1/4" Pink, 1/8" Poron, 1/4" E.V.A.

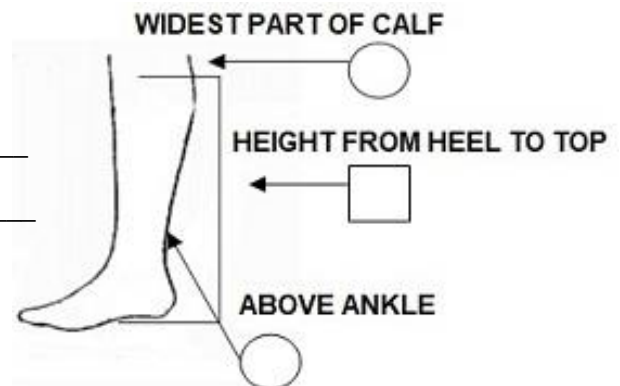
Other Combination _____

Special Instructions _____

Cast Modifications: Use Lab Discretion

Ankle: Correct to 90 Leave as Casted

Forefoot: Correct to Neutral Leave as Casted



SPECIAL INSTRUCTIONS



New York Orthopedic Manufacturing Corp.

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