

Date	Acor Order #
P.O. #	Cust #

### Company Information

Company: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_  
 email: \_\_\_\_\_

### Patient Information

Patient Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Activity Level:  Normal  Low Std.  High - Includes Ankle Strap and Herringbone Tread  
 Brace Needed:  LEFT  RIGHT  BILATERAL

### Cast Corrections / Position

CASTED USING:  
 Flat surface Std.

ANKLE: (Dorsiflexion – Plantar flexion)  
 Correct to Neutral Std.  
 Leave as is  
 Correct to: \_\_\_\_\_

### Aperture / Relief

Additional Build-Up / Relief to Area Marked\*  
*\*All Apertures and Reliefs must be clearly marked and noted for size and location\**

### Plastic Options

COLOR  
 Black Std.  White  
 Pattern/Decal: \_\_\_\_\_

### Strapping Options

COLOR  
 Black Std.  White  
 ANKLE STRAP

### Sole Options

COLOR  
 Black Std.  White  
 Herringbone  
 SACH heel

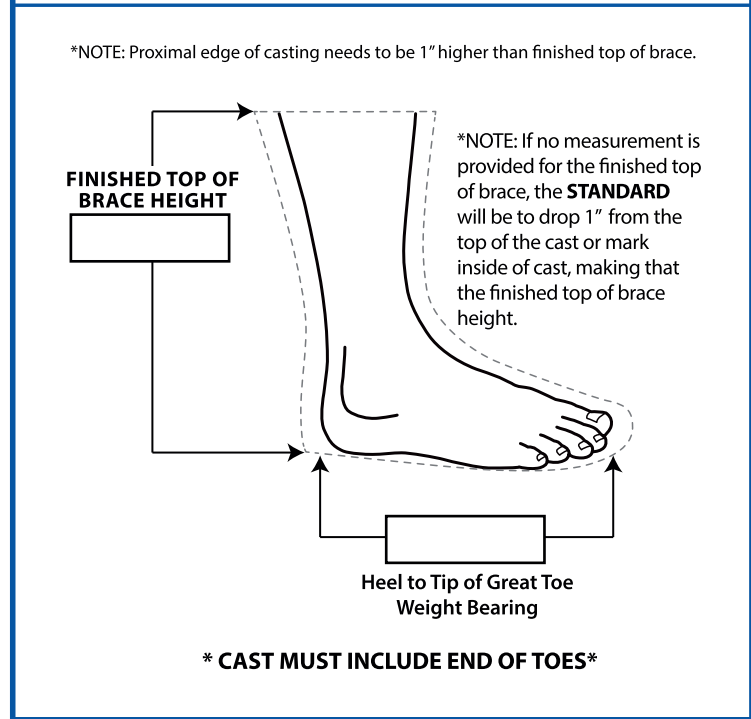
## AXIS Custom

# C.R.O.W. ORDER FORM



\* If you do not choose an option you will receive the Std. \*

\* NOTE: For the most successful final fitting results it is highly recommended that you capture the desired ankle and forefoot positioning at the time of casting.\*



### Special Instructions

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

### Rush Service

Please Rush  
 Add \$50.00 ea.