

Date	Acoi	Acor Order#	
P.O. #		Cust #	

FINISHED TOP OF

BRACE HEIGHT

Acor Orthopaedic, LLC 18530 South Miles Road Cleveland, OH 44128 orderentry@acor.com

*NOTE: If no measurement is provided for the finished top

of brace, the **STANDARD**

will be to drop 1" from the top of the cast or mark inside of cast, making that

P: 800-237-2267 F: 800-830-8445

Company Informa	ation				
Company:					
Street Address:					
	State: Zip:				
Contact Phone:					
	<u>-</u>				
Patient Information					
Patient Name:					
Age: Height:	Weight:				
Activity Level: Normal	Low Std. High - Includes Ankle Strap and Herringbone Tread				
	T				
Cast Corrections / P	osition				
CASTED USING:					
☐ Flat surface Std.					
ANKLE: (Dorsiflexion – Plant	ar flexion)				
☐ Correct to Neutra	ll Std.				
☐ Leave as is ☐ Correct to:					
Aperture / Relief					
Aperture / Keller					
☐ 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 S td.	White				
☐ ANKLE STRAP					
Sole Options					
COLOR					
☐ Black S td.	☐ White				
☐ Herringbone☐ SACH heel					

AXIS Custom C.R.O.W. ORDER FORM * If you do not choose an option you will recommended that you capture the desired ankle and forefoot positioning at the time of casting.* *NOTE: Proximal edge of casting needs to be 1" higher than finished top of brace.

the finished top of brace height.

Heel to Tip of Great Toe Weight Bearing

* CAST MUST INCLUDE END OF TOES*

Special Instructions

Ru	ısh Service		
	Please Rush Add \$50.00 ea.		