C.R.O.W. ORDER FORM

Acor Orthopaedic, Inc.
18530 South Miles Parkway
Cleveland, Ohio 44128
phone: (800) 237-2267
fax: (800) 830-8445
www.acor.com

Company Information

Company: _____

Street Address: _____

_____

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

Contact Name: _____

Contact Phone: _____

email: _____

PO Number: _____

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

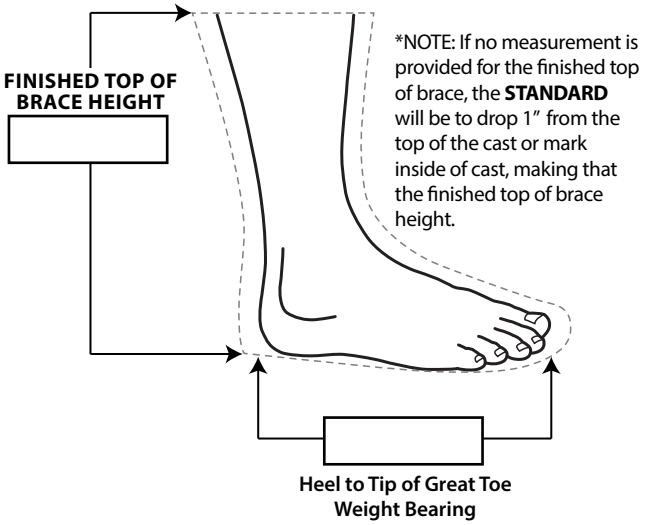
☐ Herringbone

☐ SACH heel

* 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.*

*NOTE: Proximal edge of casting needs to be 1" higher than finished top of brace.



*** CAST MUST INCLUDE END OF TOES***

Special Instructions