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CROW BOOT

SHIP TO:

DATE ___/___/___ COMPANY _____

PATIENT NAME: _____ PO# _____

- STANDARD
 ADJUSTABLE FRONT SHELL
 PTB
 LEFT
 RIGHT
 BILATERAL

CAST CORRECTION:

ANKLE: CORRECT TO 90 CORRECT VALGUS / VARUS

FOREFOOT: LEAVE AS IS CORRECT TO NEUTRAL



MATERIALS:

- BLACK POLYPRO
 WHITE POLYPRO

ADDITIONAL CHARGE:

- TRANSFER PAPER
 OTHER COLOR
 HEAVY DUTY SOLE

THICKNESS:

- 1/8
 5/32
 3/16
 1/4

LINER: YES NO

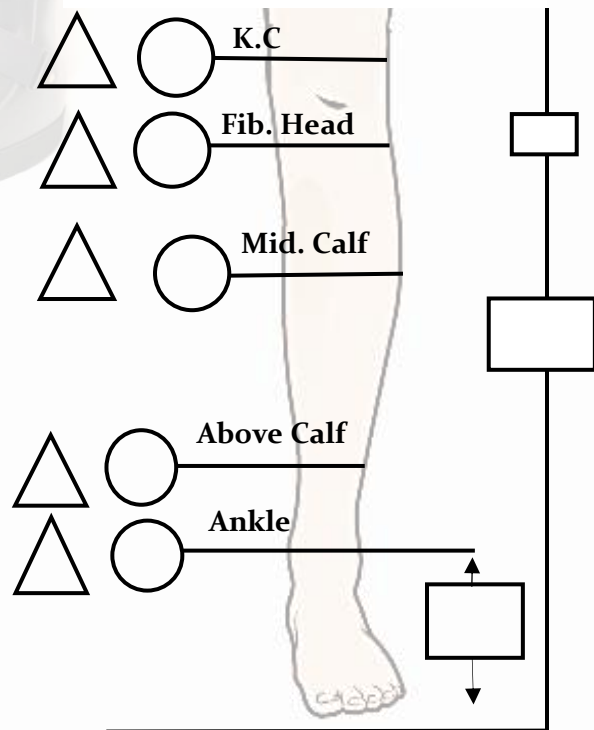
THICKNESS: 1/8 3/16 1/4

OTHER INFORMATION:

CONTACT : _____

PHONE: _____

MEASUREMENT BY INCH



Tidwell's Use Only

Received

Date Out