

Please save this file to your computer and then email or fax it to the contact info below.

In Lab Use	
Carve File	
Carve File	
Foam Blank	

In Lab Use	
PT#	
PO#	
Claim#	

CROW BOOT FABRICATION

Patient Name:				ID#:		PO#	
Male	Female	Age:	Weight:	Height:	Due Date: / /		
Affected Side: B/L Left Right				Diagnosis:			
Company Name:				Contact Name:			
Shipping Address:				Phone:			
Billing Address: (if different)				Email:			
Shipping: Ground		3 Day Select		2nd Day Air		2nd Day Air AM	
Next Day Air Saver		Next Day Air					

JOB SPECIFICATIONS

MODS / FEATURES
Set Ankle at:
Ankle / Forefoot: Neutral As is
Modification:
PTB (Cast must be to mid-patella)
Other Build-ups / Reliefs:

ANTERIOR PANEL
Interlocking (standard) Sliding

PADDING
Fully Lined (Standard 1/2" Plastazole posterior, 1/4" anterior) Other / Additional Padding

PLASTIC	Standard: Posterior: 1/4" black Polypro w/1/2" Plastazote. Anterior: 3/16" black Polypro w/1/4" Plastazote. Specify in Additional Instructions, if something different is needed.
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SOLING	Crepe w/rocker bottom 1/8" Ribbing/Herringbone Catspaw/Topy
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MEASUREMENTS	
CROW Height	
Fib Neck Height	
AP at MPT (for PTB CROW)	
Prox Ankle ML (1" above apex of Med Mall)	
Ankle ML (apex of malleoli)	
Met ML (in weight bearing)	
Foot Length (in Weight Bearing)	
Finished Footplate Length	



Additional Instructions:

CIRCUMFERENCES	
17"	
16"	
15"	
14"	
13"	
12"	
11"	
10"	
9"	
8"	
7"	
6"	
5"	
4"	
3"	
2"	
1"	
Instep	
Midfoot	
Met	

Thank you for choosing Westcoast Fabrication: Our commitment to you is fair pricing, fast turnaround times, and exceptional quality. To ensure this, we require accurate data submitted on work order forms, including any applicable measurements and alignment lines.

CONTACT US

PHONE: 813-514-4409

FAX: 813-565-0994

ORDERING: orders@wcbllfab.com

SHIPPING ADDRESS

Westcoast Brace & Limb Fabrication

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