

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

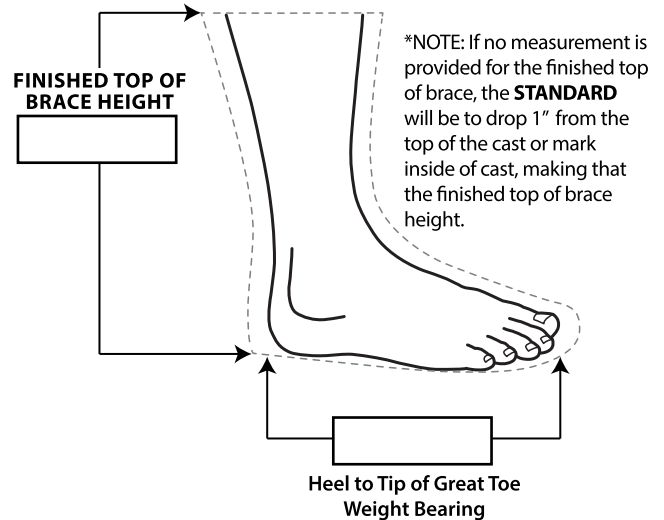
AXIS Custom

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.*

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



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

Special Instructions

Rush Service

Please Rush
 Add \$50.00 ea.