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www.fdmotion.com

Lab to Call Doctor: Date _____

Date Received in Lab: _____

**CROW WALKER
BRACE
ORDER FORM**

Doctor's Name: _____

Doctor's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Patient Name: _____

M F DOB: ____/____/____

Height: _____ Weight: _____

Left Foot Right Foot Bilateral

Diagnosis: _____



Enclosed BOSS
CROW Walker



Open BOSS
CROW Walker

**Note: Anterior of the brace must rest against the patellar tendon. Therefore, the scan must go above the knee.

Clinical Indicators

- Charcot
- Distal Foot, Hind Foot Amputation
- Diabetic Ulcer Off Load

Suggested HCPCS Codes

- L4631
- L3400
- L2330

Benefits

- Promotes a smooth & normal gait pattern.
- Enhances mobility.
- Reduces shear forces when total contact casting is not appropriate.
- Helps patients treat low-sensitivity limbs with extra care.

Corrections & Posting

Intrinsic Corrections

Build as Cast (Do not put into Neutral)

OR

Forefoot

- Neutral (Standard)
- Varus _____ Degrees
- Valgus _____ Degrees

Rearfoot

- Neutral (Standard)
- Varus _____ Degrees
- Valgus _____ Degrees

Ankle

- Neutral (Standard)
- Varus _____ Degrees
- Valgus _____ Degrees

Extrinsic Posting

Neutral

Shell

Shell

Rigid (5 mm Polypro)

Foot Plate Length

Full Length

Total Brace Height

Head of Fibula

Shell Color

Black

Closure/Padding

Closure

Velcro Straps

Interior Padding

3 mm EVA

Walking Boot Rocker Options



Mid Rocker



Severe Rocker



Heel to Toe



Buttress
 Medial
 Lateral

Order Options

Rush Order

5 Day Fabrication Rush \$125.00

Shipping

Next Day \$65.00

Please Mark Areas to Offload / Additional Comments



Measurements

Foot Length (L): _____mm

Ball Width (W): _____mm

Ball Girth (B): _____mm

Instep Girth (I): _____mm

Heel Girth (HG): _____mm

Heel Width (HW): _____mm

Lower Leg Circumference (C) (20 cm from ground): _____mm

