

If you are emailing a scan, please include the completed order form along with the scan to orders@inovaopfab.com. To help us in tracking orders that are mailed, please email completed forms to: orders@inovaopfab.com then mail order form along with casts or crush box to: 218 W Hampton Ave, Ste. 1, Mesa, AZ 85210

CROW BOOT

Date Mailed: _____
 Date Needed: _____
(Standard fab time 10 days in house)
 3 Day Rush Order: \$75.00

PO #: _____ Acct#: _____

Clinic Information

Clinic Name: _____ Clinician Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

Patient Information

Patient Name: _____ Shoe Size: _____ Dx: _____



INOVA STANDARD CROW

Plastic:

- BLACK NATURAL
 FRIDDLE'S TRANSFER PATTERN \$25

<https://friddles.com/collections/friddles-coloring-paper>

Design #: _____



INOVA ADAPT CROW

Plastic:

- BLACK NATURAL
 FRIDDLE'S TRANSFER PATTERN \$25

<https://friddles.com/collections/friddles-coloring-paper>

Design #: _____

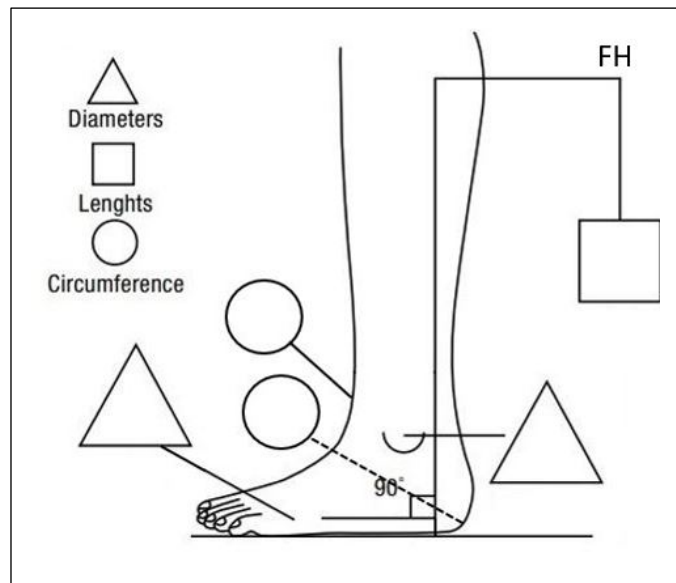
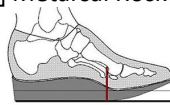
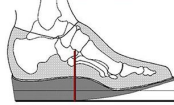
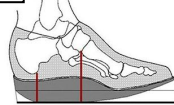
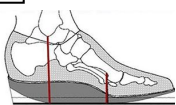
CAST CORRECTIONS: LEAVE AS CASTED CORRECT TO 90° OR VARUS/VALGUS

PLASTIC: POLYPRO CO POLY 3/16" 1/4"

LINER: ALIPLAST PLASTAZOTE PPT & PLASTAZOTE

STRAPS: 1 1/2" DACRON BACKED (STANDARD) OR OTHER _____

ROCKER: Sulcus Rocker Full Rocker Mid Stance Rocker Metatarsal Rocker



Other: _____

VENTILATION HOLES

Remarks/Instructions: _____

Casting instructions: Cast patient seated with knee and ankle at 90° angles. Clearly mark all ulcerations and bony prominence. Place patient's foot on foam to create a clear plantar definition.