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Lab to Call Doctor: Date Date Date Received in Lab:		CROW WALKER BRACE ORDER FORM
Doctor's Name:		
Doctor's Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

M F	DOB: _	\	\
Height:		Weigh	t:
Left Foot	Rig	ht Foot	Bilateral
Diagnosis: _			



☐ Enclosed 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.

- \bullet Reduces sheer forces when total contact casting is not appropriate.
- Helps patients treat low-sensitivity limbs with extra care.

Corrections & Posting	<u>Shell</u>	<u>Closure/Padding</u>	Walking Boot Rocker Options		
Build as Cast (Do not put into Neutral) OR Forefoot Rigid (5 mm Polypro) Velcro Velcro	Closure Velcro Straps Interior Padding 3 mm EVA	Mid Rocker Severe Rocker Severe Rocker Buttress Medial Lateral			
□ Neutral (Standard) □ Varus Degrees □ Valgus Degrees			Order Options		
Extrinsic Posting Neutral			Rush Order ☐ 5 Day Fabrication Rush \$100.00 Shipping ☐ Next Day \$100.00		

Please Mark Areas to Offload / Additional Comments

<u>Measurements</u>				
Foot Length (L):mm				
Ball Width (W):mm		C		
Ball Girth (B):mm	√ ₩	9		<u> </u>
Instep Girth (I):mm	VV			
Heel Girth (HG):mm				
Heel Width (HW):mm	←→	8	Y.C.	
Lower Leg Circumference (C) (20 cm from ground):mm	HW	← L		