

Company Information Company: Street Address: ___ _____ State:____ Zip: ___ City: _ Contact Name: Contact Phone: _ email: PO Number: **Patient Information** Patient Name: _ Height: _____ Activity Level: Normal Low Std. High - Includes Ankle Strap and Herringbone Tread LEFT RIGHT BILATERAL **Brace Needed: 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*

Trinity CROW Boot
-Order Form

(702) 600-1901
 (1452 Horizon Ridge Pkwy #101 Henderson, NV 89012
 info@trinitycentralfabrication.com

* 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.

*NOTE: If no measurement is provided for the finished top of brace, the STANDARD will be to drop 1" from the top of the cast or mark inside of cast, making that the finished top of brace height.

Heel to Tip of Great Toe Weight Bearing

* CAST MUST INCLUDE END OF TOES*

