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CROW WALKER WORK ORDER

Company Name: _____
 Contact: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

Date Needed By: _____

PO: _____

Standard Fabrication
 5-7 Business Days

- (Please allow time for shipping)
- 2 Day Rush: 30% charge
 - 3 Day Rush: 20% charge
 - 4 Day Rush: 10% charge

Patient Name: _____ Height: _____ Weight: _____
 Sex: Male Female Age: _____ Side: Left Right

STANDARD:

- Posterior Section: 3/16 Polypro – 3/16 Aliplast
- Anterior Shell: 3/16 Polypro – 3/16 Aliplast
- 1/2 Plastazote – 1/4 Poron
- Mild Rocker
- Straps: Forefoot, Instep, Calf

Crow Walker

Crow Walker
 Add PTB Feature

Cast Correction

Leave as Casted
 Correct to 90 degrees

Posterior Plastic

Polypro: 5/32 3/16 1/4
 Color: _____
 Copoly: 5/32 3/16 1/4
 Color: _____

Anterior Plastic:

Polypro: 5/32 3/16 1/4
 Color: _____
 Copoly: 5/32 3/16 1/4
 Color: _____

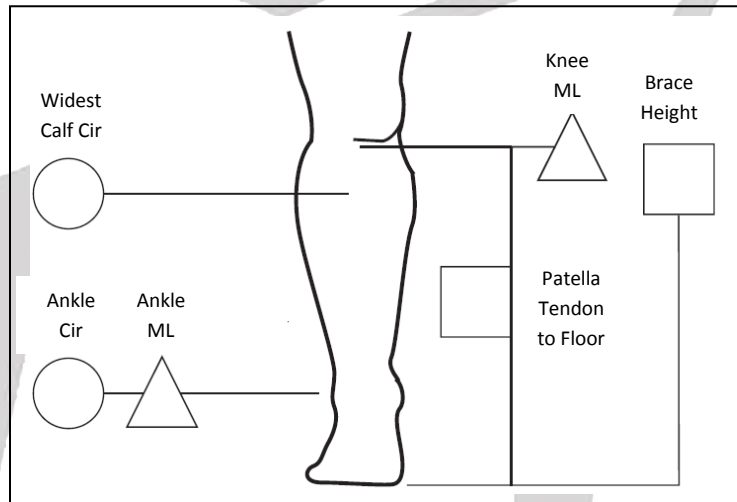
Liner:

Posterior

Pink Plastazote: 3/16 1/4
 Aliplast: 3/16 1/4

Anterior

Pink Plastazote: 3/16 1/4
 Aliplast: 3/16 1/4



Removable Insole Material

1/2 Plastazote + 1/4 Poron
 Diabetic Tri-Lam (Plastazote/Poron/Puff)
 Partial Toe Filler
 Other: _____

Straps

1 1/2"
 2"
 Dacron Reinforced Strap
 Color: Black White

ADDITIONAL INFORMATION: