

4331 E B Ave.

(269)-615-1643

Plainwell, MI 49080

john@wamhoffmobilitylab.com



**WAMHOFF
MOBILITY LAB**

Patient Name: _____

PO#: _____ Date: _____ Date Needed: _____

Practitioner: _____ Phone/Email: _____

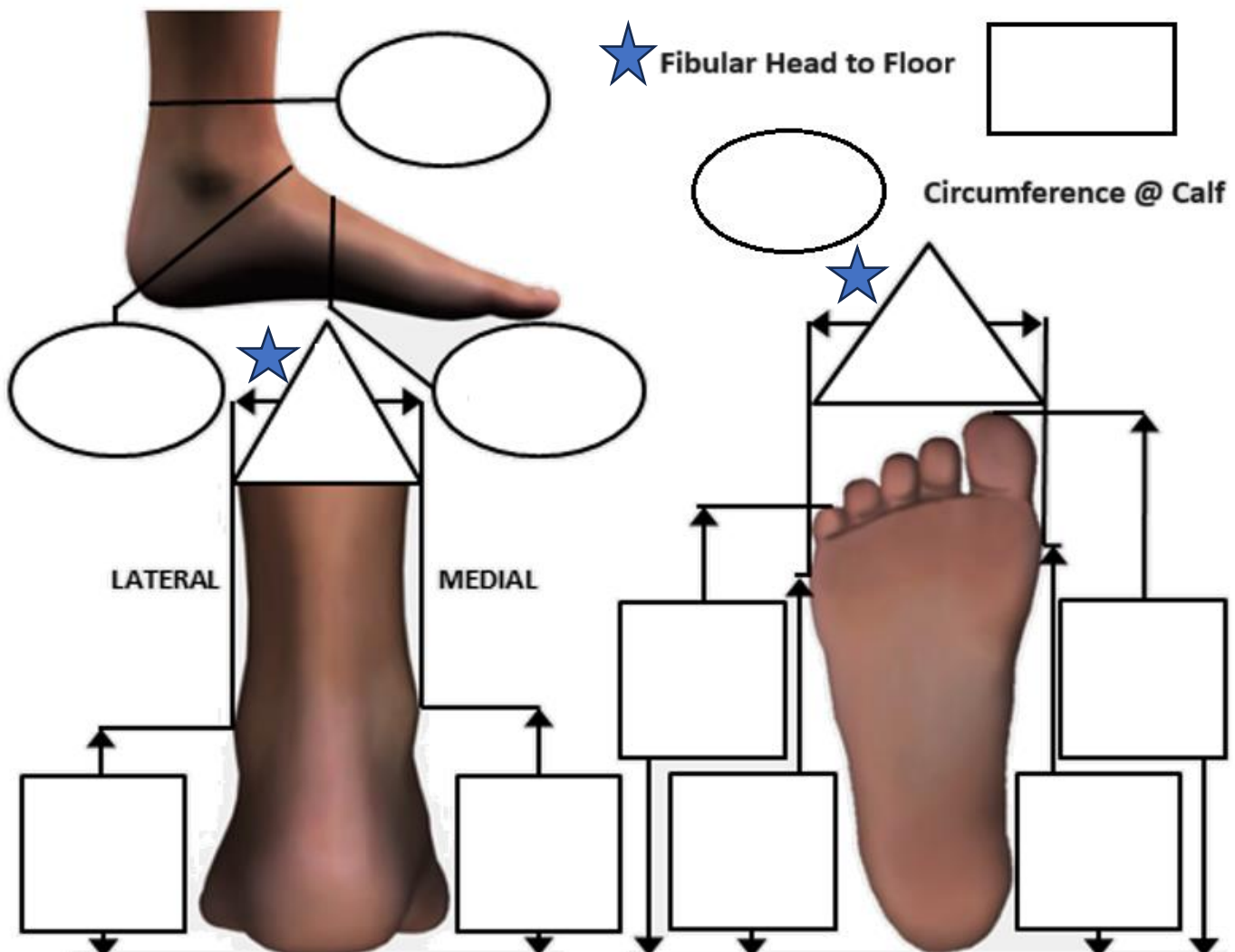
Facility: _____

Address: _____

Side: _____ Height: _____ Weight: _____ Age: _____ Sex: _____

Diagnosis: _____

Measurements



CROW Style: Standard CROW PTB CROW

Alignment: Leave Cast as is Correct cast to neutral Correct cast to specified angles below:

Sagittal: _____° PF DF Hindfoot: _____° Inv Ev Forefoot: _____° Inv Ev

Finished heel height: _____ Tibial Inclination Angle: _____°

Ulcer Location & Modification Notes:



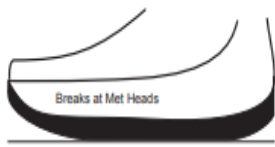
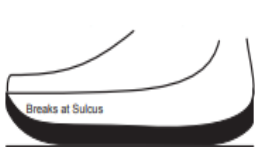
Plastic Thickness: 3/16 1/4 **Plastic:** Polypro CoPoly ProComp Other:

Plastic Color/Transfer: _____

Padding: Plastazote Aliplast P-Cell Puff Tri-Lam Insert Plastazote Insert

Toe Filler: None Plastazote Cloud EVA Other:

Sulcus Rocker Metatarsal Rocker Mid-Stance Rocker Full Rocker Alternate Rocker



Desired CROW Height: _____ **Shoe Size:** _____ **Soling:** Attached Not-attached, in bag

Strap Pattern: Single-Strap Wraparound Double-Strap Butterfly **Color:** _____

Material: Velcro only Dacron **Closure:** D-Ring (specify side) CAM Buckle Other:

Notes: