

Neuropathic Walker Measurement Form



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PATIENT INFORMATION

LEFT RIGHT BILATERAL

D_x _____ POUR AS IS _____

CORRECT CAST TO °PF °DF

FOREFOOT °INVERSION °EVERSION

CONSTRUCTION

POSTERIOR:

POLYPRO COPOLY COLOR _____

1/8" 5/32" 3/16" 1/4"

LINER: ALIPLAST PLASTIZOTE

1/8" 3/16" 1/4"

REMOVABLE INSERT: YES NO

PLASTIZOTE DIABASHEET

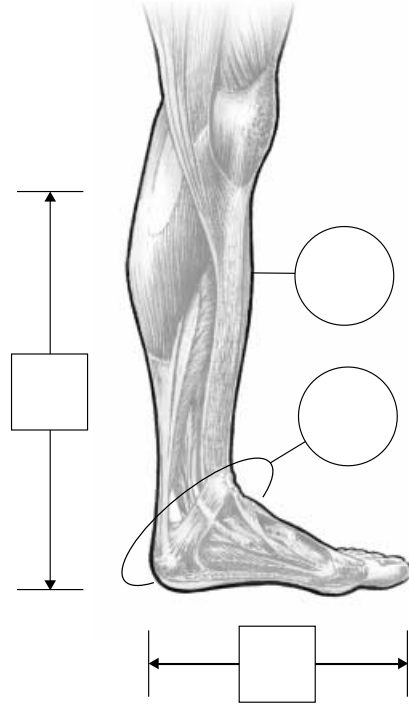
ANTERIOR:

POLYPRO COPOLY M.P.E

1/8" 5/32" 3/16" 1/4"

LINER: ALIPLAST PLASTIZOTE

1/8" 3/16" 1/4"



ADDITIONAL INSTRUCTIONS

PATIENT IDENTIFICATION

SHIP TO _____

SHIP VIA _____

MEASURED BY

BILL TO _____

P.O. # _____ DATE DUE _____