

# Neuropathic Walker Measurement Form



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## PATIENT INFORMATION

LEFT  RIGHT  BILATERAL

D<sub>x</sub> \_\_\_\_\_ 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"

REMOVEABLE INSERT: YES  NO

PLASTIZOTE  DIABASHEET

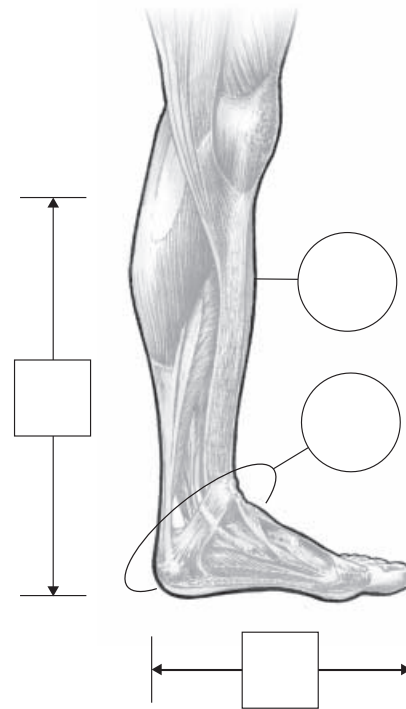
ANTERIOR:

POLYPRO  COPOLY  M.P.E

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

LINER: ALIPLAST  PLASTIZOTE

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



Without complete and accurate measurements  
we cannot warranty the fit of any orthosis.

## ADDITIONAL INSTRUCTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PATIENT IDENTIFICATION \_\_\_\_\_

SHIP TO \_\_\_\_\_

\_\_\_\_\_

SHIP VIA \_\_\_\_\_

MEASURED BY \_\_\_\_\_

BILL TO \_\_\_\_\_

\_\_\_\_\_

P.Q. # \_\_\_\_\_ DATE DUE \_\_\_\_\_