

Ship to:



1-262-797-9771
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5075 South Emmer Drive
New Berlin WI 53151

Clam Walker Form

Patient Name: _____ Purchase order: _____

Contact: _____ Date Needed: _____

- Left Right Bilateral
- Clam Walker
- PTB Clam Walker

Cast Correction:

- No Correction
- Correct to _____ deg. pf/df
- Other _____
- Correct forefoot
- Correct varus/valgus
- Heel height: _____

Materials:

- Polypropylene
- Copolymer
- Black
- Natural
- Other: _____

- Standard inlay (Plastizote, Poron)
- Other: _____

- Standard liner (1/4 Volara)
- Other: _____

Sole:

- Standard Rocker
- Other: _____
- Non-Skid Not Attached
- Non-Skid Attached
 - Cats Paw (Standard)
 - Herring Bone
 - Ribbed

Strapping:

- Standard (3, 1 inch w/ anterior butterfly chafes)
- Other: _____

Measurements:

- Circumference at widest point: _____
- M-L at Met: _____
- M-L at Ankle: _____
- AP heel to instep: _____
- Foot length: _____
- Finished height: _____

**** NOTE: WE CANNOT GUARANTEE
THE FIT UNLESS WE ARE PROVIDED
WITH THE FOOT LENGTH**

Problem areas / special instructions:
