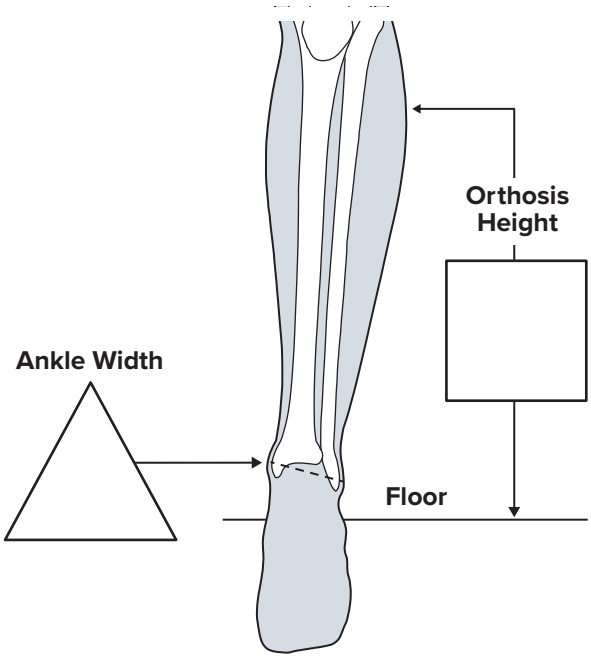
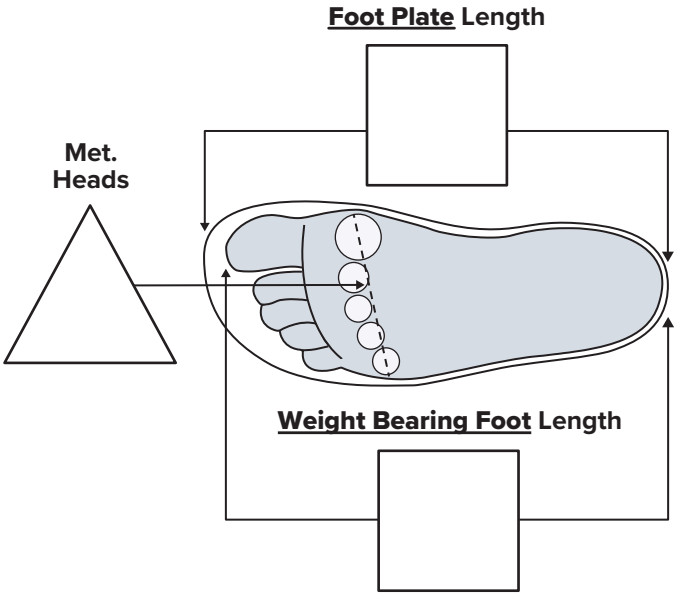
PATIENT ID:

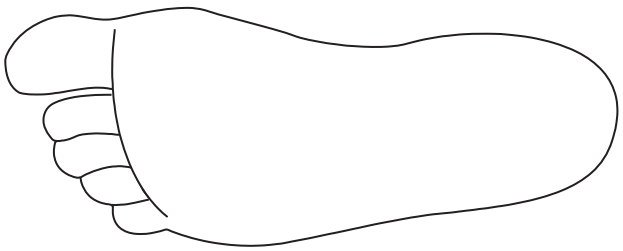
(first initial) _____ (last name) _____

Scan to access jot form

MEASUREMENTS

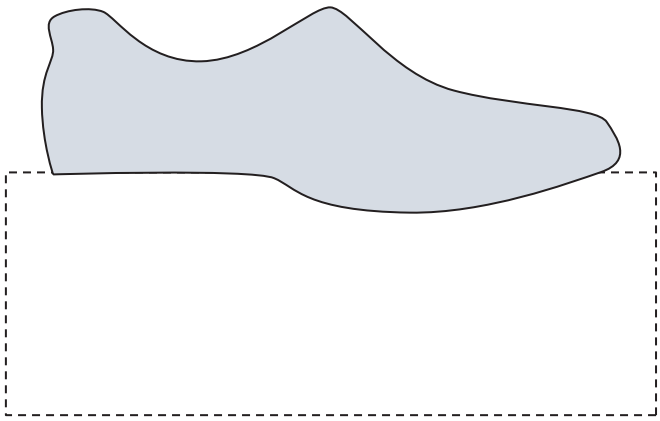






Indicate areas of sensitivities or ulcers

NOTES



Draw key dimensions as needed

CROW Weight Bearing Foot Tracing Page 2 of 2

PATIENT ID:

(first initial) _____ (last name) _____

.5"

.5"