

Patient

Last name: _____

First: _____ Male Female

Date cast: / / Footplate size: N W

Birth date: / / Bilateral Left only Right only

Practitioner

Name: _____ Title: _____

Facility: _____

Street address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Billing

Cascade P&O is billing the patient's insurance. **-OR-**

—UCAN N°: _____

Billing info is the same as practitioner facility. **-OR-**

Billing facility: _____

Street address: _____

City: _____ State: _____ Zip: _____

P.O. N° : _____

Shipping

Shipping info is the same as practitioner facility. **-OR-**

Shipping contact name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Cast Correction • Position of Function

ANKLE ALIGNMENT (Dorsiflexion–Plantarflexion)

Correct to 3–4° DF Correct to _____° Do not correct (Cast alignment OK)

HINDFOOT ALIGNMENT

Correct to vertical (if misaligned) Do not correct

FOREFOOT ALIGNMENT NOTE: Drawings show finished orthosis.

Choose forefoot alignment. Write posting height if needed—in. or cm.

RIGHT 	RIGHT 	RIGHT 	LEFT 	LEFT 	LEFT
Valgus	Varus	Neutral	Neutral	Varus	Valgus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottom Stabilization

None—Standard

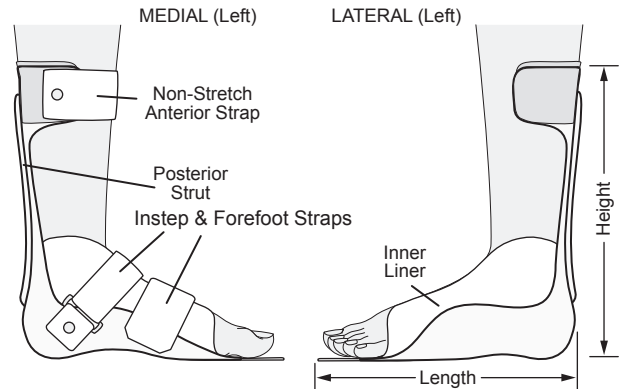
Heel **-OR-** Midfoot **-OR-** Both

Entire bottom stabilized with foam sole

Entire bottom stabilized with foam sole and non-skid cover

NOTE: Varus or valgus forefoot alignments will receive stabilization on bottom of brace to support posted (raised) region.

Construction • Features • Options



NOTE: If you don't choose an option, you will receive the **Standard**.

Posterior Height: 2/3 to 3/4 of leg length **Standard** Specify: _____

• Cast height must be greater than brace height •

Posterior Strut: Very flexible Moderately flexible **Standard** Semi-rigid

Inner Liner: Polyethylene **Standard**

Co-Poly Foam Color: _____ (for Co-Poly Liner only)

Softy foam (white only)

Add extra navicular padding (boney pronators only)

Straps: **Standard** (see drawing) Add toe abduction strap Change anterior strap to non-stretch

Strap Color: White **Standard** Other: _____

Instep Strap Pattern: No pattern **Standard** Other: _____

Transfer Pattern: No Transfer **Standard** Outer Frame Inner Liner

(Additional cost per brace)

Pattern: _____ Provide Own Pattern

Toe Shelf—Inner Liner

Flexible — no containment Standard

Medial containment:

AND / OR

Lateral containment:

Special Instructions

Rush order (adds \$25)