

**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**

**HINDFOOT ALIGNMENT**

Correct to Vertical (if misaligned)  Do not correct (Cast alignment OK)

**FOREFOOT ALIGNMENT**

NOTE: Drawings show finished orthosis.

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

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**

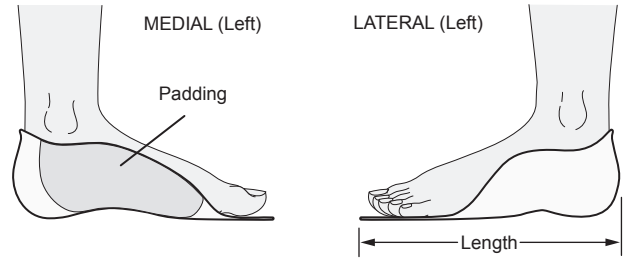
None—**Standard**

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

Entire bottom stabilized with foam sole

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**.

**Padding:** Shaded areas above are **Standard**

Add extra navicular padding (bony pronators only)

**Padding Color:**  **White Standard**  Other: \_\_\_\_\_

**Straps:** **No straps Standard**

Add forefoot strap  Add toe abduction strap

**Forefoot Strap Options:** Color: \_\_\_\_\_ Pattern: \_\_\_\_\_ (If applicable)

**Transfer Pattern:** (Additional cost per brace)  **No Transfer Standard**

Pattern: \_\_\_\_\_  Provide Own Pattern

**Toe Shelf**

**Flexible Standard**  Very flexible

PLASTIC TRIMMED DISTAL TO TOES

PLASTIC TRIMMED DISTAL TO MET HEADS

FOAM LEATHER

**Special Instructions**

**Rush order** (adds \$25)

**Thank you!**