

**Adjustable night-stretching brace**

**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.

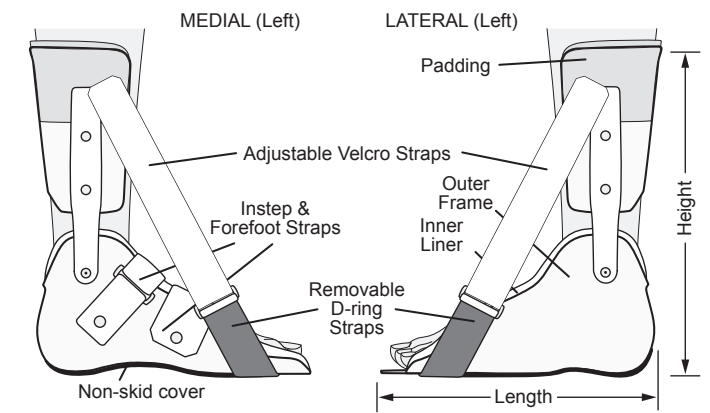
RIGHT 	RIGHT 	RIGHT 	LEFT 	LEFT 	LEFT 
Valgus	Varus	Neutral	Neutral	Varus	Valgus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Bottom Stabilization**

Bottom covered with non-skid cover—**Standard**

**NOTE—**  
Unless requested otherwise, 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:**   $\frac{2}{3}$  to  $\frac{3}{4}$  of leg length  Specify: \_\_\_\_\_ **Standard**

**Plastic:**  MPE  Co-poly  Polypro  
(Standard to 8" footplate) (Standard above 8" footplate)

**Inner Liner:**  Softy foam **Standard** (white only)  Polyethylene

Add extra navicular padding

**Straps:**  Elastic removable d-ring strap **Standard**  Non-stretch removable d-ring strap  Non-stretch strap riveted to medial/lateral sides (Select one)

Add toe abduction strap

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

**Instep Pattern:**  No pattern **Standard**  Other: \_\_\_\_\_

**Transfer Pattern:**  No Transfer **Standard**  Outer Frame  Inner Liner  
(Additional cost per brace) (Select one)

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

**Toe Shelf—Inner Liner**

Medial/Lateral soft containment—**Standard**

**Special Instructions**

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