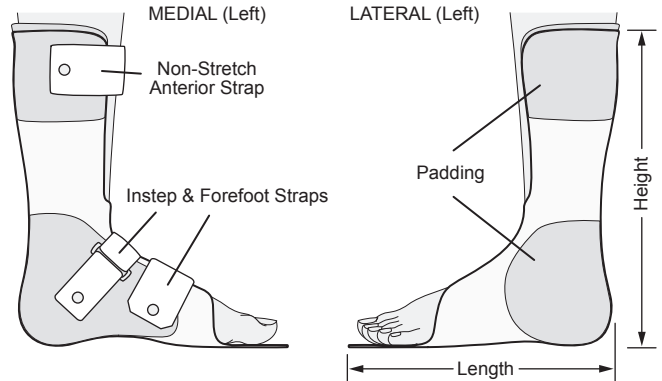


For smaller patients, fixed ankle, PF block, DF block

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 **Standard** Specify: _____

• Cast height must be greater than brace height •

Padding: Shaded areas above are **Standard**
 Add extra navicular padding (boney pronators only)

Padding Color: **White Standard** Other: _____

Straps: **Standard** (see drawing) Add toe abduction strap

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

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

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

Toe Shelf

Flexible — no containment Standard
Medial containment: Soft foam (flexible) Plastic
AND / OR
Lateral containment: Soft foam (flexible) Plastic

Special Instructions

Rush order (adds \$25)

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: _____

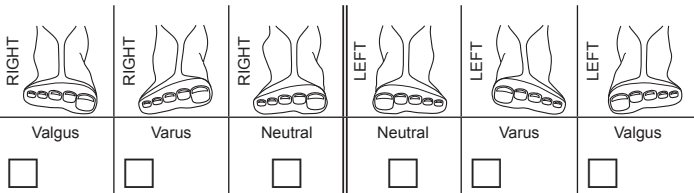
Cast Correction • Position of Function

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.



Bottom Stabilization

None—Standard **NOTE:** Varus or valgus forefoot alignments will receive stabilization on bottom of brace to support posted (raised) region.
 Heel **-OR-** Midfoot **-OR-** Both
 Entire bottom stabilized with foam sole
 Entire bottom stabilized with foam sole and non-skid cover