

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"/>

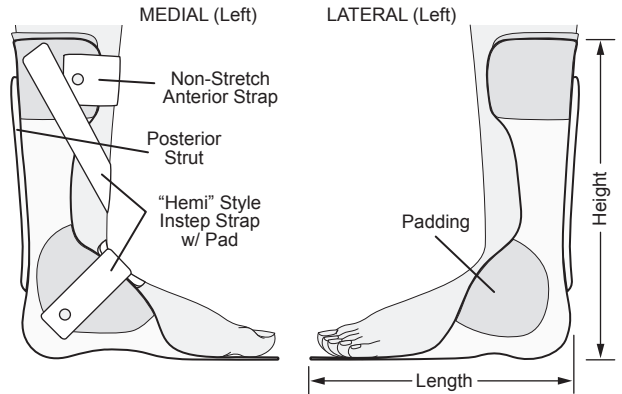
Bottom Stabilization

None—Standard

Heel

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 •

Padding: Shaded areas above are **Standard**

Omit medial pad and / or Omit lateral pad

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

Straps: **Standard** (see drawing) Change instep strap to non-Hemi (straight) strap w/pad.

The Hemi-style instep strap supports one-handed securing—crosses instep to D-ring on lateral side, then crosses the lower leg to a Velcro attachment on upper medial side.

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

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

Pattern: _____ Provide Own Pattern

Trimlines

Trimline A Standard or Trimline B

Trimline A • More Rigid • Maximum Stability	Trimline B • More Flexible • Moderate Stability

Special Instructions

Rush order (adds \$25)