

**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"/>

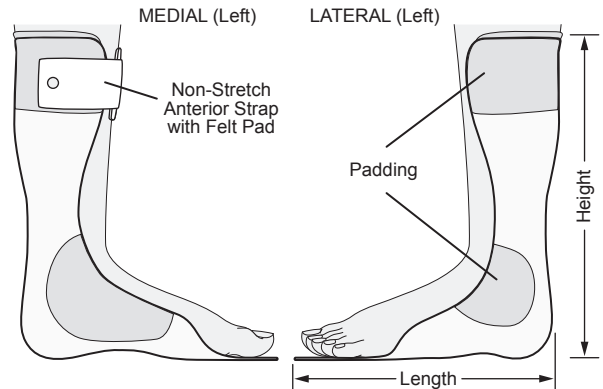
**Bottom Stabilization**

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

Add extra navicular padding (boney pronators only)

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

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

Add instep strap w/pad  Add D-ring to anterior strap

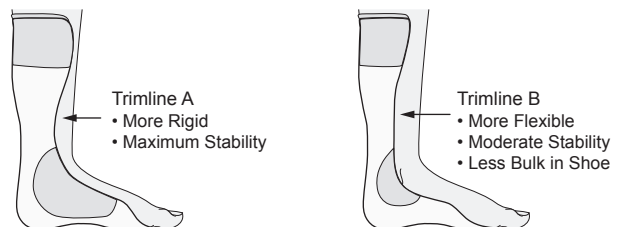
**Instep Strap Options:** Color: \_\_\_\_\_ Pattern: \_\_\_\_\_ (If applicable)

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

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

**Trimlines**

**Trimline A Standard** OR  Trimline B



**Special Instructions**

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