

**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<br>                | RIGHT<br>                | RIGHT<br>                | LEFT<br>                 | LEFT<br>                 | LEFT<br>                 |
| 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**

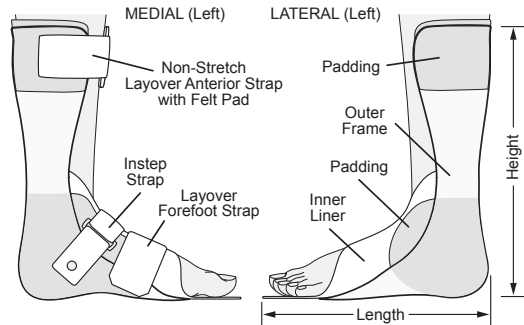
Heel **-OR-**  Midfoot **-OR-**  Both

Entire bottom stabilized with foam sole

Entire bottom stabilized with foam sole and non-skid cover

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:**   $\frac{2}{3}$  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  Add D-ring/pad to anterior strap

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

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

**Transfer Pattern:**  **No Transfer Standard**  Outer Frame  Inner Liner

(Additional cost per brace)

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

**Toe Shelf**

**Outer Frame:**  **Standard Trimmed at distal to met. heads under plantar surface**  Trimmed just proximal to met. heads under plantar surface  Full-length under plantar surface (for crouching)



**Inner Liner:**

**Flexible — no containment Standard**

Medial containment:  Soft foam (flexible)  Plastic

AND / OR

Lateral containment:  Soft foam (flexible)  Plastic

**Special Instructions**

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