TO ORDER—fill in eForm, print and send with the patient's cast to Cascade

Clear Form Data

CASCADE® The dafo People®
www.cascadedafo.com

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DAFO® E1 Banana Peel

Fixed position elbow sleeve

Patient

Last name:

First: ☐ Male ☐ Female

Date cast:

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.

UCAN N°:

☐ Billing info is the same as practitioner facility.

☐ Billing facility:

Street address:

City: State: Zip:

P.O. N° :

Shipping

☐ Shipping info is the same as practitioner facility.

☐ Shipping contact name:

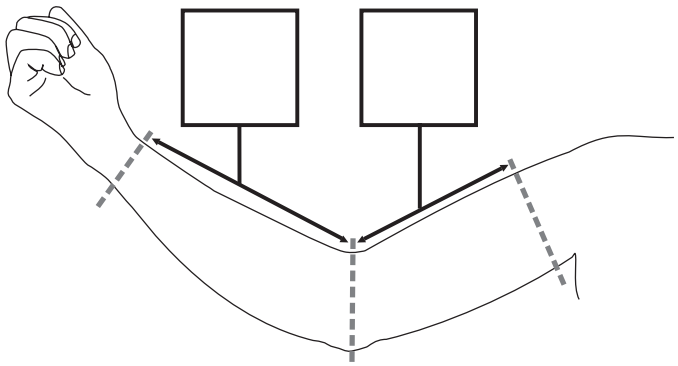
Street address:

City: State: Zip:

Padding • Straps • Trim		
Padding Color:	☐ **White Standard**	☐ Other: _____
Strap Color:	☐ **White Standard**	☐ Other: _____
Strap Pattern:	☐ **No pattern Standard**	☐ Other: _____

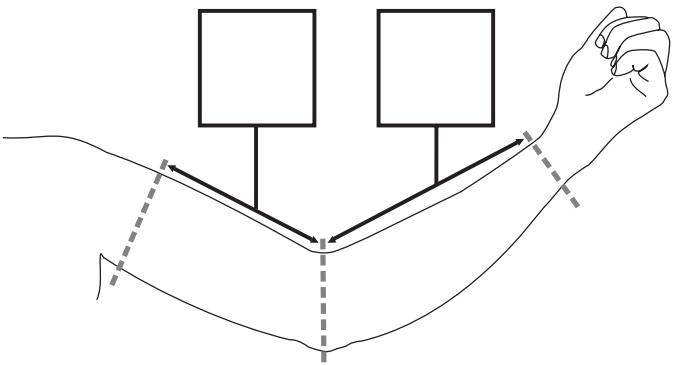
Right Arm

LENGTH



Left Arm

LENGTH



Sleeve Opening

☐ **Anterior—Standard**

☐ Posterior (dorsal)

☐ Add full-length opening pad (pad riveted in place along opening)

Cast Information

☐ **Fabricate as cast (no correction needed) Standard**

☐ Correct elbow angle of cast to _____ (degrees)

- Cast should span from shoulder to just above wrist.
- Length measurements above are for finished elbow sleeve.

Length measurement units — ☐ English ☐ Metric

Special Instructions

☐ **Rush order** (adds $25)

Thank you!

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