

<b>Patient</b>	Last name:
	First: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date cast: / /
Birth date: / / <input type="checkbox"/> Bilateral <input type="checkbox"/> Left only <input type="checkbox"/> Right only	

<b>Practitioner</b>	Name:	Title:	
	Facility:		
	Street address:		
	City:	State:	Zip:
	Email:	Phone:	

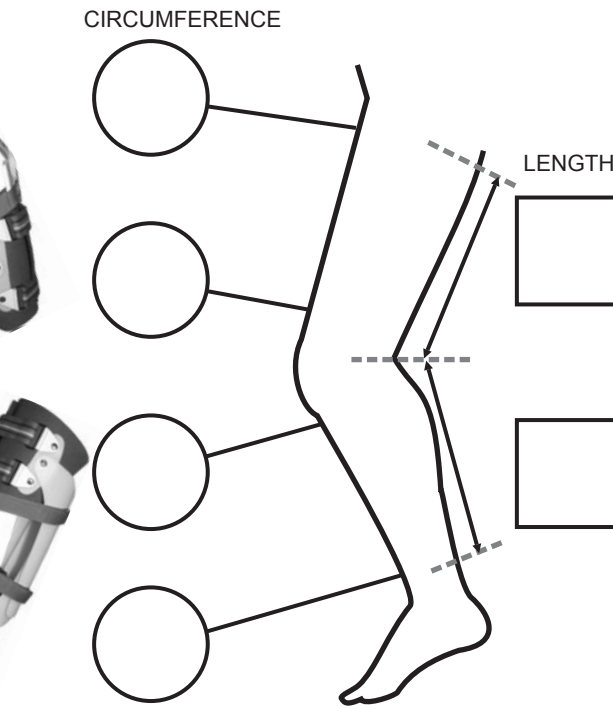
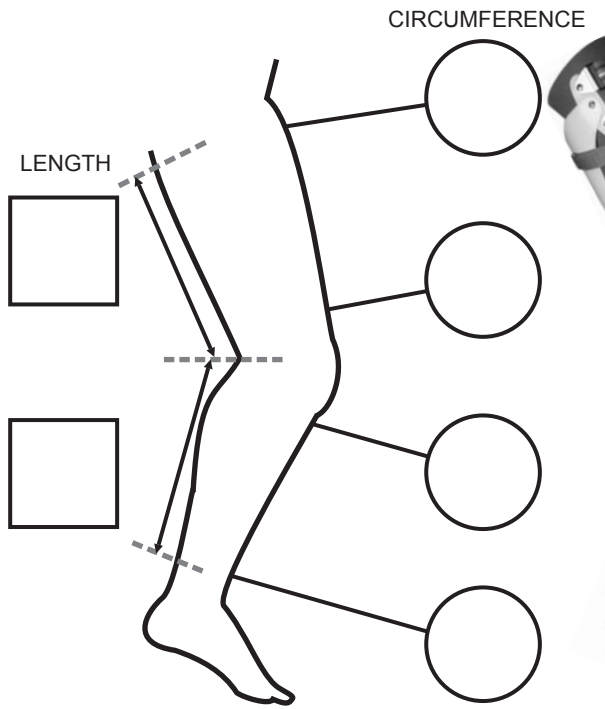
Padding • Straps • Trim		
Padding Color:	<input type="checkbox"/> White Standard	<input type="checkbox"/> Other: _____
Strap Color:	<input type="checkbox"/> White Standard	<input type="checkbox"/> Other: _____
Strap Pattern:	<input type="checkbox"/> No pattern Standard	<input type="checkbox"/> Other: _____

<b>Billing</b>	<input type="checkbox"/> Cascade P&O is billing the patient's insurance.	
	UCAN N°:	
	<input type="checkbox"/> Billing info is the same as practitioner facility.	
	<input type="checkbox"/> Billing facility:	
	Street address:	
City:	State:	Zip:
<b>P.O. N° :</b>		

<b>Shipping</b>	<input type="checkbox"/> Shipping info is the same as practitioner facility.	
	<input type="checkbox"/> Shipping contact name:	
	Street address:	
	City:	State:

**Right Leg**

**Left Leg**



Measurement Information
Current knee contracture angle: _____ (degrees)
Therapeutic goal knee contracture angle : _____ (degrees)
<input type="checkbox"/> Ordered from measurements only (recommended)
Measurement units — <input type="checkbox"/> English <input type="checkbox"/> Metric
<input type="checkbox"/> Ordered from cast (span from near groin to malleolus)

Special Instructions
<input type="checkbox"/> Rush order (adds \$25)