

<b>Patient</b>	Last name:		
	First name:		
	Birth date:	<input type="checkbox"/> Bilateral	<input type="checkbox"/> Left <input type="checkbox"/> Right
	Date cast:		
<b>Practitioner</b>	Last Name:		
	First Name:		
	Title/Credentials:		
	Email:	Phone:	
<b>Billing</b>	Customer/Business name:		
	Street address:		
	City:	State:	Zip:
	PO# / UCAN#:		
	<input type="checkbox"/> Shipping info is the same as Billing info. <b>-OR-</b>		
<b>Shipping</b>	Shipping contact name:		
	Facility name:		
	Street address:		
	City:	State:	Zip:

### Finished Brace Angles

**ANKLE ALIGNMENT** (Dorsiflexion-Plantarflexion)

Correct to 3-4° DF     Correct to \_\_\_\_\_°  DF  PF     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 mm.

Valgus	Varus	Neutral	Neutral	Varus	Valgus
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Do not correct - keep as cast.			<input type="checkbox"/> Do not correct - keep as cast.		

### Bottom Stabilization

None— **Standard**

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

Entire bottom stabilized with foam sole **-OR-**

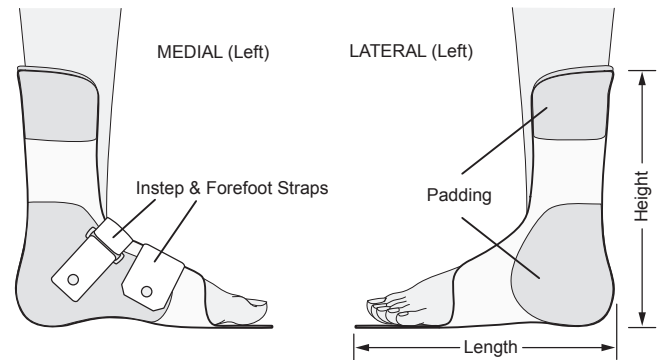
Entire bottom with non-skid cover only **-OR-**

Entire bottom stabilized with both foam sole **and** non-skid cover

**NOTE:** Varus or valgus forefoot alignments will receive stabilization on bottom of brace to support posted (raised) region

**NOTE:** Neutral forefoot alignments will not see foam on toe shelf

### Construction | Features | Options



**NOTE:** If you don't choose an option, you will receive the **Standard**.

**Posterior Height:**     Height = foot length (**Standard**)     Specify: \_\_\_\_\_

**NOTE:** Cast height must be greater than brace height.

**Padding:**    Shaded areas above are **Standard**

Add extra navicular padding (bone pronators)

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

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

**NOTE:** The DAFO 3 is not designed to block DF. If DF block is needed, see the DAFO FA or Turbo.

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

**Transfer Pattern:**     No Transfer (**Standard**)

Pattern: \_\_\_\_\_

**NOTE:** Additional cost per brace.

### Toe Shelf

**Flexible — no containment**     Soft foam (flexible)

**Standard**     Plastic

**AND / OR**

Lateral containment     Soft foam (flexible)

Medial containment     Plastic

### Special Instructions

**Rush order** (adds \$20)

**Thank you!**