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### How to Use the Order Forms

Welcome to Cascade Dafo, Inc., and to a wide choice of brace designs for your patient's comfort, stability, and mobility.

To ensure that we interpret your instructions correctly, please take a little time to examine the form you'll use, especially if you are new to ordering from us.

Each brace style has its own order form that clearly shows the brace and its options. This book contains master copies. Please photocopy the order form you need and fill out the photocopy (not the original).

In each section that shows a **Standard** choice, if you don't check any boxes, we will assume you want the **Standard**.

Patient/Practitioner/Billing/Shipping—For all braces, to have the brace shipped or billed to the same location shown in the Practitioner section, simply check the boxes in the Shipping or Billing sections. You don't need to fill those sections out again. If the brace needs to be billed or shipped to a different facility, be sure to provide that address information.

The following comments apply only to custom bracing from a cast.

Cast Correction • Position of Function—This is the only section that does not assume any standard choice. This information is essential to the alignment of the brace; make very sure that you complete it. If you were able to correct the foot adequately during casting, be sure to check the Do Not Correct box.

These choices offer the only clue to desired alignment (besides the cast). Fill out correction information for ankle, hindfoot and forefoot. Indicate posting height in inches or millimeters, and please note which form of measurement you used.

Please also note that we are asking how the finished brace should be aligned, rather than what the cast or foot looks like.

**Posterior Height**—Cast higher than the final height so that the cast extends above the trimline. If you want the posterior height to be other than the default standard (<sup>2</sup>/<sub>3</sub> to <sup>3</sup>/<sub>4</sub> of lower leg length), or to specify the exact height (recommended), write it in.

Toe Shelf—If you need to help contain forefoot adduction or abduction on our flexible toe shelf, choose the containment options: medial (to contain adduction) or lateral (to contain abduction). If the liner is polyethylene, the outer frame trimline ends at the sulcus; for a Softy liner, the outer frame trimline extends full-length under the plantar surface. If needed, you can fine-tune these trimlines on the order sheet.

**Special Instructions**—Write in any needed features or options not shown on the order form. Note anatomical irregularities, measurements that may help us create the brace, or requests for product information or other materials. To help us understand your needs, please attach photos or additional pages.

To rush your order, check the **Rush order** box in this section. Rushing an order adds \$20 to the cost.

You can also download these forms at our website, **www. cascadedafo.com/order-forms**.

- You can print and fill out the standard Adobe Acrobat PDF files.
- For the better clarity of a typed form, use the Adobe Acrobat eForms: fill out the order electronically, save the file with patient records and print it when done.
- For Fast Fit products (that won't be sent with a cast), you can fill an order form out, save, and email it to customersupport@dafo.com. For best results, use Acrobat 5.0 (or later).

Thank you for ordering from us!



If you have any questions, please ask our Customer Support staff (customersupport@dafo.com 800-848-7332).

To see color and pattern choices for padding and straps, visit www.cascadedafo.com/ordering/color-patterns or call Customer Support at 800.848.7332 and ask for a free flipper (swatch set).

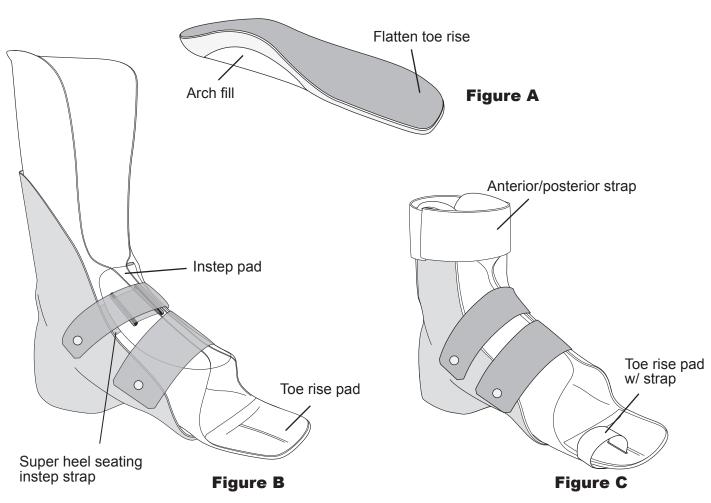


# Fast Fit® Product Styles



# **Fast Fit Product Styles—Options**

Here are illustrations of bracing options that differ visibly from the standard. To see what options are available for what brace, check the order form.



Strap holds heel down through the use of an internal strap component.

#### **Options Index**

Option	Figure
Anterior/posterior strap	С
	A
Flatten toe rise	A
Instep pad	В
Super heel seating strap	В
Toe rise pad	В
Toe rise pad w/ strap	С



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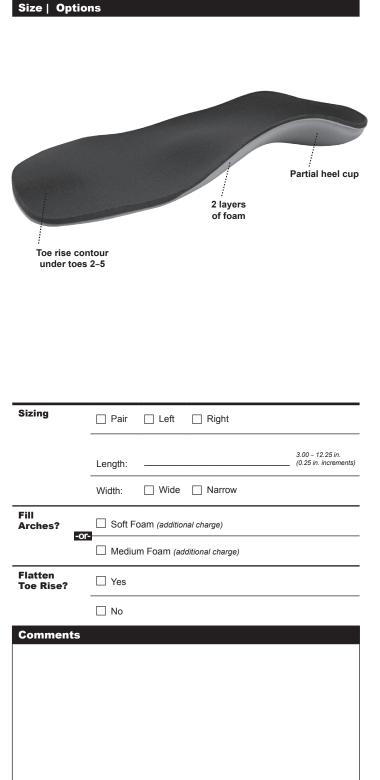


Today's Date: \_

# **HotDog**<sup>®</sup>

Minimum support shoe insert

	Last name:
ent	First name:
Patient	Birth date:
	Parent or Guardian:
	Name: Title:
	Facility:
one	Street address:
Practitioner	
rac	City: State: Zip:
	Phone:
	Email:
	Facility Billing (Practitioner) -OR-
	Account Name or #:
	P.O. № :
s	☐ Insurance Billing (Parent / Guardian / Practitioner) —OR—
ion	—UCAN №:
o F	COANTY .
<b>Payment Options</b>	☐ <b>Direct Purchase</b> (Parent / Guardian)
aym	Check attached
ă	Credit Card:
	Cardholder's Phone:
	Credit Card No:
	Exact name on card:
	Exp. Date: V-code:
	Billing Name:
tion	Facility:
E	Street address:
nfor	
Billing Infor	City: State: Zip:
	Phone:
	Email:
	☐ Same as billing information. —OR—
ng	Shipping contact name:
Shipping	Street address:
Shi	
	City: State: Zip:
	Phone:





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Size | Options

Today's Date: \_

## PattiBob<sup>®</sup>

Moderate support shoe insert

	Last name:
∌nt	First name:
Patient	Birth date:
	Parent or Guardian:
	Name: Title:
۰	Facility:
one	Street address:
Practitioner	
rac	City: State: Zip:
	Phone:
	Email:
	Facility Billing (Practitioner)  -OR-
	Account Name or #:
	P.O. N° : □
suc	Insurance Billing (Parent / Guardian / Practitioner) -OR-
ptic	—UCAN N°:
Payment Options	Direct Burchase (2)
/me	Direct Purchase (Parent / Guardian)
Pay	Check attached
	Credit Card:
	Credit Card No:
	Exact name on card:
	Exp. Date: V-code:
_	Billing Name:
on	Facility:
natior	Street address:
forr	
Billing Inforn	City: State: Zip:
i	Phone:
•	Email:
	☐ Same as billing information. –OR–
<u>g</u>	Shipping contact name:
Shipping	Street address:
Sh	
	City: State: Zip:
	Phone:

1 layer of foam		
		.; Semi-rigid partial heel cup
the section of the se	1 layer of plastic	
Toe rise contour under toes 2-5		

Sizing	☐ Pair ☐ Left ☐ Right	
	Length:	3.00 – 12.25 in. (0.25 in. increments)
	Width: Wide Narrow	
Fill Arches?	Soft Foam (additional charge)	
-or-	Medium Foam (additional charge)	
Flatten Toe Rise?	Yes	
	□ No	
Comments		



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Today's Date: \_\_\_\_\_



Bug

#### Moderate support shoe insert

	Last name:
Patient	First name: Male Female
Pati	Birth date:
	Parent or Guardian:
	Name: Title:
٠	Facility:
Practitioner	Street address:
Ĭ	
rac	City: State: Zip:
	Phone:
	Email:
	Facility Billing (Practitioner) -OR-
	Account Name or #:
	P.O. №:
10	Insurance Billing (Parent / Guardian / Practitioner) -OR-
<u> </u>	—UCAN N°:
opt	—UCAN N°:
Payment Options	Direct Purchase (Parent / Guardian)
aym.	Check attached
<u></u>	Credit Card: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover
	Cardholder's Phone:
	Credit Card No:
	Exact name on card:
	Exp. Date: V-code:
_	Billing Name:
0	Facility:
	Street address:
드 5	City: State: Zip:
Billing Infor	Phone:
M	Email:
	☐ Same as billing information. —OR—
Shipping	Shipping contact name:
	Street address:
Ship	
	City: State: 7in:
	City: State: Zip:

Size				
3126				
	nsity foam ruction		and partial heel cu	р
			Built-in heel stabilization	
Flattened toe	shelf	and plantar	contours	
Sizing	☐ Pair	Left Right	t Length: 4.00 - 13.00 in. (0.25 in. incremen	ts)
Options				
Add Forefoot Posting?	<u> </u>		$\Lambda$	
. comg.	3/16"		dial Lateral	
	<u> </u>	0 0	0 0	
-or- Add Medial	1/8"			-
or Lateral Wedge?	□ 3/16"		dial Lateral	
-or	<u> </u>			_
Add Wedge?				
	Heel-to-M	et. Head Wedge	Full Heel Wedge  1/8" 3/16" 1/4"	
-or- Add Lift?		<u> </u>	☐ 3/16" ☐ 1/4" ☐ 3/8"	-
Comments				
				]



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No Casting

Today's Date: \_\_\_\_\_\_

	Last name:			Size				
<b>Patient</b>	First name:	☐ Ma	le					
Pat	Birth date:							
	Parent or Guardian:						ilt-in padding	
	Name: Ti	itle:						
L	Facility:							
<b>Practitioner</b>	Street address:							
ţţ								
rac	City: Sta	ate:	Zip:					
•	Phone:							Plastic base
	Email:							with full heel cup
	☐ Facility Billing (Practitioner)		-OR-					
	Account Name or #:						/	
	P.O. N° : □					Foar	n layer	
	1.0.14						ontours	
Su	☐ Insurance Billing (Parent / Guardian / Practit	tioner)	-OR-					
ptio	—UCAN N°:							
<b>Payment Options</b>	☐ Direct Purchase (Parent / Guardian)		'					
aym	☐ Check attached							
ã	Credit Card: ☐ Visa ☐ MasterCard ☐ AM	MEX 🗌	Discover					
	Cardholder's Phone:							
	Credit Card No:							
	Exact name on card:							
	Exp. Date:	V-code:						
	Billing Name:	l		Sizing	☐ Pair	□ Loft	□ Right	
ion	Facility:					Left	Right	
rmation	Street address:							4.00 – 12.25 in.
					Length:			(0.25 in. increments)
<b>Billing Info</b>	City: Sta	ate:	Zip:		Width:	☐ Wide	Narrow	
i	Phone:			Comments				
_	Email:							
_								
	Same as billing information.		-OR-					
ng	Shipping contact name:							
Shipping	Street address:							
Sh								
	City: Sta	ate:	Zip:					
	Phone:							



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Size | Outer Shell | Options



Sub-malleolar, UCBL trimline

Today's Date: \_\_\_\_\_

	Last name:
Patient	First name: Male Female
Pat	Birth date:
	Parent or Guardian:
	Name: Title:
L	Facility:
one	Street address:
Practitioner	
rac	City: State: Zip:
•	Phone:
	Email:
	Facility Billing (Practitioner) -OR-
	Account Name or #:
	P.O. N° : □
ons	Insurance Billing (Parent / Guardian / Practitioner)
Opti	—UCAN Nº:
Payment Options	☐ Direct Purchase (Parent / Guardian)
aym	Check attached
ă	Credit Card:  Visa  MasterCard  AMEX Discover
	Cardholder's Phone:
	Credit Card No:
	Exact name on card:
	Exp. Date: V-code:
	Billing Name:
ion	Facility:
mat	Street address:
for	
Billing Info	City: State: Zip:
	Phone:
m	Email:
	, , , , , , , , , , , , , , , , , , , ,
	☐ Same as billing information. —OR—
Shipping	Shipping contact name:
g	Street address:
Shipp	Street address:
Shipp	City: State: Zip:

	uter shell with full heel cup	
Sizing	☐ Pair ☐ Left ☐ Right	
	Length:	4.00 – 9.00 in. (0.25 in. increments)
	Width: Wide Narrow	
Outer Shell	☐ Moderate Flexibility – Polyethy Recommended for sizes 4.00 – 8.00 (available for all	lene ( sizes)
	Shell Blue Pink	
-or-	☐ Firm – Co-poly (shell color: White only) Recommended for sizes 8.25 – 9.00 (available for a	
Options	☐ Toe rise pad	
	☐ Toe rise pad with abduction strap	
Comments		



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PF free, DF free, SMO trimline

Today's Date: \_\_\_\_\_

	Last name:
ent	First name:
Patient	Birth date:
	Parent or Guardian:
	Name: Title:
	Facility:
one	Street address:
Practitioner	
rac	City: State: Zip:
•	Phone:
	Email:
	Facility Billing (Practitioner) -OR-
	Account Name or #:
	P.O. N° :
ons	Insurance Billing (Parent / Guardian / Practitioner) -OR-
pti	—UCAN N°:
Payment Options	Direct Purchase (Parent / Guardian)
ayn	☐ Check attached
•	Credit Card:
	Cardholder's Phone:
	Credit Card No:
	Exact name on card:
	Exp. Date: V-code:
	Billing Name:
ion	Facility:
mation	Street address:
Billing Info	City: State: Zip:
iii	Phone:
<b>M</b>	Email:
	☐ Same as billing information. –OR–
<u></u>	Shipping contact name:
Shipping	Street address:
Shi	
	City: State: Zip:
	Phone:

Size   Outer	Shell   Straps   Options
	Instep Strap  Forefoot Strap  Outer Shell  Inner Liner
Sizing	☐ Pair ☐ Left ☐ Right
	Length: 4.00 – 9.00 in. (0.25 in. increments)  Width:   Wide   Narrow
Outer	☐ Moderate Flexibility – Polyethylene
Shell	Recommended for sizes 4.00 – 8.00 (available for all sizes)
-or-	Shell Blue Pink
	Firm – Co-poly (shell color: White only) Recommended for sizes 8.25 – 9.00 (available for all sizes)
Straps Color:	☐ Blue ☐ Pink
Instep:	☐ Riveted layover
choose one	☐ Layover (no rivets)
-	Riveted D-ring
Forefoot: choose one	☐ Riveted Layover
_	Layover (no rivets)
Options	☐ Instep pad
	☐ Toe rise pad
	☐ Toe rise pad with abduction strap
Comments	



No Casting

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High SMO with proximal strap, PF resist, optional DF resist

Today's Date: \_\_\_\_\_

#### Last name: Size | Outer Shell | Straps | Options ☐ Male ☐ Female First name: Birth date: **Optional Elastic** Elastic Inside/ **Outside Strap** Wrap-Around Strap Parent or Guardian: Name: Title: Facility: Instep Strap Street address: Forefoot Strap City: Zip: Inner Phone: Liner Email: Facility Billing (Practitioner) -OR-Outer Shell Account Name or #: P.O. Nº : ☐ Pair ☐ Left Right Sizing Insurance Billing (Parent / Guardian / Practitioner) -OR-4.00 - 9.00 in. Length: —UCAN N°: ☐ Wide Width: □ Narrow Outer ☐ Moderate Flexibility – Polyethylene ☐ **Direct Purchase** (Parent / Guardian) Shell Recommended for sizes 4.00 – 5.75 (available for all sizes) ☐ Check attached ☐ Blue ☐ Pink ☐ AMEX Credit Card: Uisa Discover ☐ Firm - Co-poly (shell color: White only) Recommended for sizes 6.00 – 9.00 (available for all sizes) Cardholder's Phone: **Straps** Credit Card No: Color: ☐ Blue ☐ Pink Exact name on card: Posterior: ☐ Elastic Inside / Outside (resists PF) choose one Exp. Date: V-code: ☐ Elastic Wrap-Around (resists PF and DF) Instep: ☐ Riveted layover Billing Name: ☐ Layover (no rivets) Facility: ☐ Riveted D-ring Street address: Forefoot: ☐ Riveted Layover choose one ☐ Layover (no rivets) City: State: **Options** ☐ Instep pad Phone: ☐ Toe rise pad ☐ Toe rise pad with abduction strap Email: **Comments** -OR-Same as billing information. Shipping contact name: Street address: City: State: Phone:



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PF resist, DF free

	Last name:
Patient	First name:
Pat	Birth date:
	Parent or Guardian:
	Name: Title:
	Facility:
Jue	Street address:
Practitioner	
rac	City: State: Zip:
•	Phone:
	Email:
	Facility Billing (Practitioner) -OR-
	Account Name or #:
	P.O. N° : □
ons	Insurance Billing (Parent / Guardian / Practitioner)
Opti	—UCAN N°:
ent (	Direct Purchase (Parent / Guardian)
aym	☐ Check attached
Payment Options	☐ Check attached  Credit Card: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover
Paym	
Paym	Credit Card:  Visa  MasterCard  AMEX Discover
Paym	Credit Card:  Visa  MasterCard  AMEX Discover Cardholder's Phone:
Paym	Credit Card: Visa MasterCard AMEX Discover  Cardholder's Phone:  Credit Card No:
Paym	Credit Card: Visa MasterCard AMEX Discover Cardholder's Phone: Credit Card No:  Exact name on card:
	Credit Card: Visa MasterCard AMEX Discover  Cardholder's Phone:  Credit Card No:  Exact name on card:  Exp. Date: V-code:
mation Paym	Credit Card: Visa MasterCard AMEX Discover  Cardholder's Phone:  Credit Card No:  Exact name on card:  Exp. Date: V-code:  Billing Name:
rmation	Credit Card: Visa MasterCard AMEX Discover  Cardholder's Phone:  Credit Card No:  Exact name on card:  Exp. Date: V-code:  Billing Name:  Facility:
rmation	Credit Card: Visa MasterCard AMEX Discover  Cardholder's Phone:  Credit Card No:  Exact name on card:  Exp. Date: V-code:  Billing Name:  Facility:
rmation	Credit Card: Visa MasterCard AMEX Discover  Cardholder's Phone:  Credit Card No:  Exact name on card:  Exp. Date: V-code:  Billing Name:  Facility:  Street address:
	Credit Card: Visa MasterCard AMEX Discover  Cardholder's Phone:  Credit Card No:  Exact name on card:  Exp. Date: V-code:  Billing Name:  Facility:  Street address:  City: State: Zip:
rmation	Credit Card: Visa MasterCard AMEX Discover  Cardholder's Phone:  Credit Card No:  Exact name on card:  Exp. Date: V-code:  Billing Name:  Facility:  Street address:  City: State: Zip:  Phone:
rmation	Credit Card: Visa MasterCard AMEX Discover  Cardholder's Phone:  Credit Card No:  Exact name on card:  Exp. Date: V-code:  Billing Name:  Facility:  Street address:  City: State: Zip:  Phone:
Billing Information	Credit Card: Visa MasterCard AMEX Discover  Cardholder's Phone:  Credit Card No:  Exact name on card:  Exp. Date: V-code:  Billing Name:  Facility:  Street address:  City: State: Zip:  Phone:  Email:
Billing Information	Credit Card: Visa MasterCard AMEX Discover  Cardholder's Phone:  Credit Card No:  Exact name on card:  Exp. Date: V-code:  Billing Name:  Facility:  Street address:  City: State: Zip:  Phone:  Email:  — OR-
rmation	Credit Card: Visa MasterCard AMEX Discover  Cardholder's Phone:  Credit Card No:  Exact name on card:  Exp. Date: V-code:  Billing Name:  Facility:  Street address:  City: State: Zip:  Phone:  Email:  Same as billing information.  -OR-  Shipping contact name:
Billing Information	Credit Card: Visa MasterCard AMEX Discover  Cardholder's Phone:  Credit Card No:  Exact name on card:  Exp. Date: V-code:  Billing Name:  Facility:  Street address:  City: State: Zip:  Phone:  Email:  Same as billing information.  -OR-  Shipping contact name:

oday's Date:	
r Shell   Straps   Options	
White Posterior Pac worn inside liner	1
Plastic D-Ring	Riveted Forefoot Strap
☐ Pair ☐ Left ☐ Right	
Length:	4.00 – 9.00 in. (0.25 in. increments)
Width: Wide Narrow	
☐ Firm — Co-poly (Standard) (shell color: White only) ☐ Moderate Flexibility — Polyethylene Shell ☐ Blue ☐ Pink color:	
NOTE: The posterior Blue Pink is available in white	
☐ Instep pad ☐ Toe rise pad ☐ Toe rise pad with abduction strap	
	Shell   Straps   Options  White Posterior Pacworn inside liner  Worn inside liner  Inner Liner  Instep Strap  Plastic D-Ring  Pair   Left   Right  Length:  Width:   Wide   Narrow    Firm - Co-poly (Standard) (shell color: White only)   Moderate Flexibility - Polyethylene Shell   Blue   Pink    Pink   NOTE: The posteric is available in white    Instep pad   Toe rise pad



**No Casting** 

#### Cascade Dafo, Inc.

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PF block, DF free, AFO trimline

Today's Date: \_\_\_\_\_

#### Last name: ☐ Male ☐ Female First name: Birth date: Parent or Guardian: Title: Name: Facility: Street address: City: Zip: Phone: Email: ☐ Facility Billing (Practitioner) -OR-Account Name or #: P.O. Nº : Insurance Billing (Parent / Guardian / Practitioner) -OR-—UCAN N°: ☐ Direct Purchase (Parent / Guardian) ☐ Check attached ☐ AMEX Credit Card: Uisa MasterCard Discover Cardholder's Phone: Credit Card No: Exact name on card: Exp. Date: V-code: Billing Name: Facility: Street address: City: State: Phone: Email: -OR-Same as billing information. Shipping contact name: Street address: City: State:

Size   Outer Shell   Straps   Options				
	Riveted D-ring Instep Strap  Riveted D-ring Instep Strap  Forefoot Strap  Outer Shell			
1	Sizing	Pair Left Right		
		4.00 – 9.00 in.		
	-	Length: (0.25 in. increments) Width: Wide Narrow		
7	Inner Liner	Regular height is same as foot length (ideal for ambulation)		
4	choose one	☐ Tall height is 20% taller than foot length (ideal for night splints)		
3	Outer Shell	☐ Moderate Flexibility — Polyethylene Recommended for sizes 4.00 – 8.00 (available for all sizes) Shell ☐ Rive ☐ Bink		
	-or-	color: Dide Filik		
_		Firm – Co-poly (shell color: White only) Recommended for sizes 8.25 – 9.00 (available for all sizes)		
4	Straps Color:	☐ Blue ☐ Pink		
	Instep:	☐ Riveted layover		
	choose one	☐ Layover (no rivets)		
		☐ Riveted D-ring		
	-	☐ Super Heel Seating (for excessive PF control)		
	Forefoot: choose one	Riveted Layover		
_		Layover (no rivets)		
5	Options	☐ Instep pad		
		Toe rise pad		
		Toe rise pad with abduction strap		
C	omments			

Phone:



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# JIA Shoe Inserts

Patient Patient				
Patient name:	Parent / Guardian name:			
Product				
Floudet	SOFT			
Qty Foot Length Width Fill Arches?				
PAIR Soft foam Recommended Under Medium foam Right	SOFT			
Special Instructions	FIRM			
	<ul> <li>Super-soft foam for maximum comfort.</li> <li>Excellent pressure relief along metatarsal heads.</li> <li>Firmer support for hindfoot.</li> <li>For sizing, use the Cascade Fast Fit™ sizing jig.</li> </ul>			
Pavmen	t Options			
Paymen  Facility Billing (Practitioner) Account Name / #:	t Options  PO #: C.C. On File			
Facility Billing (Practitioner) Account Name / #:				
□ Facility Billing   Account   Name / #:  □ Insurance Billing   (Parent / Guardian / Practitioner)   UCAN N°:	PO #: C.C. On File  Phone:			
Facility Billing (Practitioner)  Account Name / #:  Insurance Billing (Parent / Guardian / Practitioner)  UCAN N°:	PO #: C.C. On File  Phone:  Phone:			
Facility Billing (Practitioner)   Account Name / #:     Insurance Billing (Parent / Guardian / Practitioner)   UCAN N°:     Direct Purchase (Parent / Guardian)   Check Attached   Credit   Visa   Mastercard	PO #: C.C. On File  Phone:  Phone:  AMEX Discover Cardholder's phone:			
Facility Billing (Practitioner)  Account Name / #:  Insurance Billing (Parent / Guardian / Practitioner)  Direct Purchase Check Credit Vice Mactercare	PO #: C.C. On File  Phone:  Cardholder's			
Facility Billing (Practitioner)    Insurance Billing (Parent / Guardian / Practitioner)   UCAN N°:	PO #: C.C. On File  Phone:  Phone:  Cardholder's phone:  Exp. V-			
Facility Billing (Practitioner)    Insurance Billing (Parent / Guardian / Practitioner)   UCAN N°:	PO #: C.C. On File  Phone:  Phone:  Cardholder's phone:  Exp. Date:  V-Code:			
□ Facility Billing (Practitioner) Account Name / #:  □ Insurance Billing (Parent / Guardian / Practitioner) UCAN N°:  □ Direct Purchase (Parent / Guardian) □ Check Attached Card: □ Visa □ Mastercard Card N°: □ Exact name on card:  For current product pricing & shipping costs, please	PO #: C.C. On File  Phone:  Phone:  Cardholder's phone:  Exp. Date: V-Code:  Cardlour Customer Support staff at: 800-848-7332.			
Facility Billing (Practitioner)    Continuous Practitioner   Continuou	PO #: C.C. On File  Phone:  Phone:  Cardholder's phone:  Exp. Date: Code: Cardlour Customer Support staff at: 800-848-7332.  Shipping			
Facility Billing (Practitioner)    Insurance Billing (Parent / Guardian / Practitioner)   UCAN N°:	PO #: C.C. On File  Phone:  Phone:  Cardholder's phone:  Exp. Code: Cardlour Customer Support staff at: 800-848-7332.  Shipping  Same as Billing Information			
Facility Billing (Practitioner)  Account Name / #:  Insurance Billing (Parent / Guardian / Practitioner)  Direct Purchase (Parent / Guardian)  Credit Card N°:  For current product pricing & shipping costs, please  Billing  Name:  Facility:	PO #: C.C. On File  Phone:  Phone:  Cardholder's phone:  Exp. Date:  Code:  Cardlour Customer Support staff at: 800-848-7332.  Shipping  Same as Billing Information  Shipping contact name:			
Facility Billing (Practitioner)  Account Name / #:  Insurance Billing (Parent / Guardian / Practitioner)  Direct Purchase (Parent / Guardian)  Credit Card No:  For current product pricing & shipping costs, please  Billing  Name:  Facility:  Street address:	PO #:  Phone:  Phone:  Phone:  Cardholder's phone:  Exp. Code:  Cadl our Customer Support staff at: 800-848-7332.  Shipping  Same as Billing Information  Shipping contact name:  Street address:			



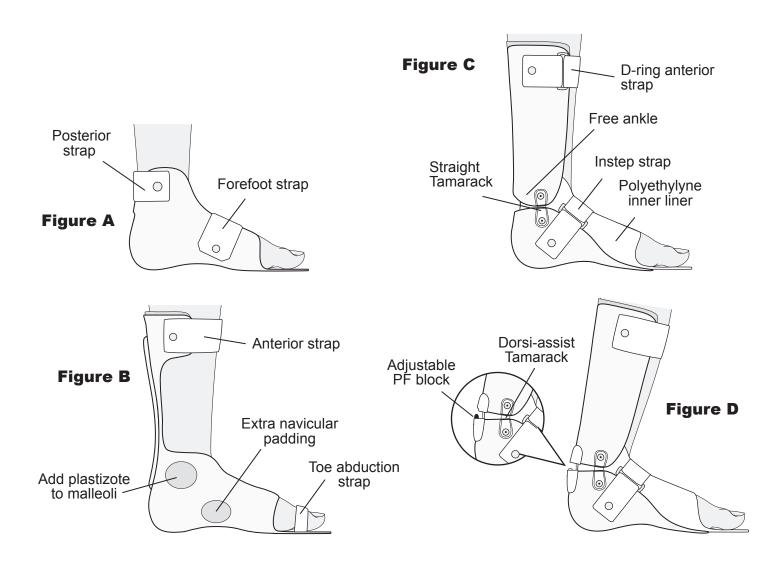
# **DAFO®** Product Styles



# **DAFO® Product Styles—Options**

Here are illustrations of bracing options that differ visibly from the standard. To see what options are available for what brace, check the order form.

Other optimizations are available. For more information, call Customer Support at 800-848-7332.



#### **Options Index**

Option	Figure	Option	Figure	Tami2 Option	Figure
Add plastizote to malleoli	В	Posterior strap	A	Adjustable PF block	D (inset)
Anterior strap	В	Toe abduction strap	В	Dorsi-assist Tamarack	D
D-ring anterior strap	C			Free ankle	С
Extra navicular padding	В			Straight Tamarack	C
Forefoot strap	A				
Instep strap	C				
Polyethylene inner liner	С				



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## DAFO 2

Hinged PF block, DF free

	Last name:	Co	nstruction • Features • Options
¥		CO	·
Patient	First: Male Female		MEDIAL (Left)  LATERAL (Left)
Pa	Date cast:	0 -	Non-Stretch
	Birth date: Bilateral Left only Right only		Anterior Strap
	Name: Title:		Padding O TEN
er	Facility:		Padding Padding Instep & Forefoot Straps
ion	Street address:	76	
<b>Practitioner</b>			
Pra	City: State: Zip:		
	Email: Phone:		<b></b> Length — ▶
	Cascade P&O is billing the patient's insurance.		
	—UCAN N°:		
5	Billing info is the same as practitioner facility. —OR—		
Billing	Billing facility:	NOTE: If	f you don't choose an option, you will receive the <b>Standard</b> .
•	Street address:	Posterior Height:	3 to 34 of leg length Specify:
	City: State: Zip:	. roiginti	Cast height must be greater than brace height •
	P.O. N° :	Padding:	Shaded areas above are <b>Standard</b>
		. adding:	Add extra navicular padding
	Shipping info is the same as practitioner facility. —OR—	Padding	White San
ing	Shipping contact name:	Color:	Standard Other:
Shipping	Street address:	Straps:	Standard (see drawing) Add toe abduction strap
S		Strap	— White —
	City: State: Zip:	Color:	Standard Other:
	Finished Brace Angles	Instep Strap Pattern:	No pattern Standard Other:
Al	IKLE ALIGNMENT  Correct to 3–4° DE Correct to ° DF Do not correct	Transfer (Add	ditional cost No Transfer Stondard
L	Correct to 3–4° DF Correct to PF Do not correct (Cast alignment OK)	Pattern: per	No Transfer Standard  Provide
Н	NDFOOT ALIGNMENT	Pattern: _	Own Pattern
L	Correct to vertical (if misaligned) Do not correct		Toe Shelf
FC	PREFOOT ALIGNMENT NOTE:  Choose forefoot alignment. Write posting height if needed—in. or mm.	Flexible no conta	
			ndard containment: Plastic
RIGHT		1	AND/OR
_	Valgus Varus Neutral Neutral Varus Valgus	4	Lateral Containment: Plastic
	varigus varius recutar recutar varius varigus		
			Special Instructions
	Bottom Stabilization		
L	None—Standard  NOTE: Varus or valgus forefoot alignments will receive stabiliza-		
	Heel -OR- Midfoot -OR- Both tion on bottom of brace to support posted (raised) region.		
	Entire bottom stabilized with foam sole NOTE: Neutral forefoot alignments will not see foam on toe shelf.		
	Entire bottom stabilized with foam sole and non-skid cover	Rush or	der (adds \$20)



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Hinged PF block, DF free, Softy liner

	Last name:	Construction • Features • Options
Patient	First: Male Female	MEDIAL (Left) LATERAL (Left)
Pat	Date cast: N W	Non-Stretch
	Birth date: Bilateral Left only Right only	Anterior Strap Padding
	Name: Title:	
er	Facility:	Frame
ition	Street address:	Inner
Practitioner		
Ē	City: State: Zip:	Length \
	Email: Phone:	Length
	Cascade P&O is billing the patient's insuranceOR-	
	—UCAN N°:	NOTE: If you don't choose an option, you will receive the <b>Standard</b> .
_	☐ Billing info is the same as practitioner facility. —OR—	Posterior
Billing	Billing facility:	• Cast height must be greater than brace height •
8	Street address:	Inner Softy foam (white only) Standard Polyethylene
	City: State: Zip:	Liner: (outer frame extends to full-length) (outer frame trimmed at sulcus)
	P.O. N° :	Add extra navicular padding (boney pronators only)
	Chinning info in the come on practitioner facility.	Straps: Standard Add toe abduction strap
70	Shipping info is the same as practitioner facility. —OR— Shipping contact name:	Strap White
pini	Street address:	Color: Other:
Shipping	- Chiest dedices.	Instep Strap Pattern: No pattern Other:
	City: State: Zip:	Transfer No Transfer Standard
	Finished Brace Angles	(Outer frame only; additional cost per brace)
ΑN	NKLE ALIGNMENT	Pattern: Provide Own Pattern
	Correct to 3–4° DF Correct to PF Do not correct (Cast alignment OK)	Toe Rise
НІ	NDFOOT ALIGNMENT	and Cuff White Padding Standard Other:
	Correct to vertical (if misaligned)	Color:
FC	DREFOOT ALIGNMENT NOTE:  Choose forefoot alignment. Write posting height if needed—in. or mm.	Toe Shelf—Inner Liner  Flexible —
_		no containment Standard  Medial containment:
RIGHT	Republic Services and the services are services and the services and the services and the services are services and the services and the services are services and the services and the services are services are services and the services are services and the services are services are services are services and the services are services ar	AND/OR
	Valgus Varus Neutral Neutral Varus Valgus	Lateral containment:
	Bottom Stabilization	Special Instructions
	None—Standard NOTE: Varus or valgus forefoot	
_	alignments will receive stabilization on bottom of brace to support	
	Theel -OR-   Mildroot -OR-   Both   posted (raised) region.    Entire bottom stabilized with foam sole   MOTE: Neutral forefoot alignments   will not see foam on the shelf	
	Entire bottom stabilized with foam sole will not see foam on toe shelf.  Entire bottom stabilized with foam sole and non-skid cover	Rush order (adds \$20)
_	12-14-0 Society oranisated with loan sole and non-said cover	



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PF block, DF free

	Last name:	Co	nstruction • F	eatures • Options
ent	First: Male Female			
Patient	Date cast: N W		MEDIAL (Left)	LATERAL (Left)
	Birth date: Bilateral Left only Right only			
	Name: Title:		Instan & Farafast Strans	_     ±
<u>_</u>	Facility:		Instep & Forefoot Straps	Padding Height
ione	Street address:		7	
Practitioner				
Pra	City: State: Zip:			Length
	Email: Phone:			
	Cascade P&O is billing the patient's insuranceOR-			
	—UCAN N°:			
<u></u>	Billing info is the same as practitioner facilityOR-			tion, you will receive the Standard.
Billing	Billing facility:	Posterior Height:	Height = foot l	ength Specify:
•	Street address:		Cast height must be	e greater than brace height •
	City: State: Zip:	Padding:	Shaded areas above ar	e Standard
	P.O. N° :		Add extra navio	cular padding (boney pronators only)
		Padding	White	Oth are
	Shipping info is the same as practitioner facility. —OR—	Color:	Standard	Other:
Shipping	Shipping contact name:	Straps:	Standard (see drawing)	Add toe abduction strap
hip	Street address:	(NOTE: The DAEC	2 is not decigned to block DE	. If DF block is needed, see the DAFO FA or Turbo.
S		Strap	-	II DI DIOCK IS Needed, See the DAI OTA OF TUIDO.
	City: State: Zip:	Color:	White Standard	Other:
	Finished Brace Angles	Instep Strap Pattern:	No pattern Standard	Other:
ΑN	NKLE ALIGNMENT			
	Correct to 3–4° DF Correct to PF Do not correct (Cast alignment OK)	_ ' '	ditional cost No Tra	ansfer Standard
н	NDFOOT ALIGNMENT	Pattern:		Provide Own Pattern
	Correct to vertical (if misaligned)		Toe	Shelf
FC	DREFOOT ALIGNMENT NOTE:  Choose forefoot alignment. Write posting height if needed—in. or mm.	Flexible	e —	
	Choose forefoot anglithent. Write posting fleight if fleeded—in. of film.		ainment Medial  ndard containme	nt: Plastic
RIGHT			AND / OR	
		4	Lateral containmen	nt:
Г	Valgus Varus Neutral Neutral Varus Valgus		Somanino	Plastic
			Special In	structions
	Bottom Stabilization			
	None—Standard  NOTE: Varus or valgus forefoot alignments will receive stabiliza-			
	Heel -OR- Midfoot -OR- Both bottom of brace to support posted (raised) region.			
	Entire bottom stabilized with foam sole NOTE: Neutral forefoot alignments will not see foam on toe shelf.			
	Entire bottom stabilized with foam sole and non-skid cover	Rush or	<b>der</b> (adds \$20)	
				The state of the s



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PF block, DF free, Softy liner

	lax 655.545.0092   www.cascadedalo.com	
	Last name:	Construction • Features • Options
<b>Patient</b>	First: Male Female	
Pati	Date cast: N W	MEDIAL (Left)  LATERAL (Left)
	Birth date: Bilateral Left only Right only	Padding
	Name: Title:	Instep & Forefoot Straps Outer
er	Facility:	Instep & Forefoot Straps Outer Frame Inner
<b>Practitioner</b>	Street address:	Liner
acti		
Ē	City: State: Zip:	- Length - →
	Email: Phone:	NOTE: If you don't choose an option, you will receive the Standard.
	Cascade P&O is billing the patient's insurance.	Posterior Height = foot length Specify:
	—UCAN N°:	• Cast height must be greater than brace height ∙
5	☐ Billing info is the same as practitioner facility. —OR—	Inner Softy foam (white only) Standard Polyethylene
Billing	Billing facility:	Liner: (outer frame extends to full-length) (outer frame trimmed at sulcus)
	Street address:	Add extra navicular padding (boney pronators only)
	City: State: Zip:	Straps: Standard Add toe abduction strap
	P.O. N° :	(see drawing)
	Shipping info is the same as practitioner facility. —OR—	(NOTE: The DAFO 3 is not designed to block DF. If DF block is needed, see the DAFO FA or Turbo.)  Strap  White
Эg	Shipping contact name:	Color: White Standard Other:
Shipping	Street address:	Instep Strap Pattern: No pattern Standard Other:
Sh		Transfer
	City: State: Zip:	Pattern: No Transfer Standard
	Finished Brace Angles	(Outer frame only; additional cost per brace)  Provide
Αl	NKLE ALIGNMENT	Pattern: Own Pattern
L	Correct to 3–4° DF Correct to OF Do not correct (Cast alignment OK)	Toe Rise and Cuff White Other:
Н	NDFOOT ALIGNMENT	Padding Standard Other:
L	Correct to vertical (if misaligned)  Do not correct  DREFOOT ALIGNMENT NOTE:	Toe Shelf—Inner Liner
г	Choose forefoot alignment. Write posting height if needed—in. or mm.	Flexible — Medial
노		no containment Standard Containment:
RIGHT		AND / OR Lateral
_	Valgus Varus Neutral Neutral Varus Valgus	containment:
<u>L</u>		Special Instructions
	Bottom Stabilization	opecial instructions
	None—Standard  NOTE: Varus or valgus forefoot alignments will receive stabiliza-	
	Heel -OR- Midfoot -OR- Both tion on bottom of brace to support posted (raised) region.	
	Entire bottom stabilized with foam sole NOTE: Neutral forefoot alignments will not see foam on toe shelf.	
	Entire bottom stabilized with foam sole and non-skid cover	Rush order (adds \$20)



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PF resist, DF resist

	Last name:	Co	nstruction • Features • Options
<b>Patient</b>	First: Male Female		MEDIAL (Left) LATERAL (Left)
Pati	Date cast: N W		Elastic Anterior Strap
	Birth date: Bilateral Left only Right only		Posterior Strut
	Name: Title:		Instep & Forefoot Straps Padding
er	Facility:		
Practitioner	Street address:		<i>→</i>
acti			
Ā	City: State: Zip:		Length
	Email: Phone:		
	Concede DSO is billing the national incurrence		
	Cascade P&O is billing the patient's insurance. —OR— —UCAN N°:	NOTE: I	f you don't choose an option, you will receive the <b>Standard</b> .
		Posterior	— ²/, to ³/, of log longth —
Billing	Billing info is the same as practitioner facilityOR-	Height:	Standard Specify:
Bi	Billing facility:  Street address:		Cast height must be greater than brace height
	City: State: Zip:	Posterior Strut:	V Standard Semi-rigid
	P.O. N°:	Padding:	Shaded areas above are <b>Standard</b>
	no. N .		Add extra navicular padding (boney pronators only)
	Shipping info is the same as practitioner facility. —OR—	Padding	White Day
ing	Shipping contact name:	Color:	Standard Other:
Shipping	Street address:	Straps:	Standard Add toe abduction strap
Ś		Strap	Change anterior strap to non-stretch
	City: State: Zip:	Color:	White Standard Other:
	Finished Brace Angles	Instep Strap Pattern:	No pattern Standard Other:
A۱	NKLE ALIGNMENT		diditional cost No Transfer Standard
	Correct to 3–4° DF Correct to OF Do not correct (Cast alignment OK)		Provide
н	NDFOOT ALIGNMENT	Pattern:	Own Pattern
	Correct to vertical (if misaligned) Do not correct		Toe Shelf
FC	PREFOOT ALIGNMENT NOTE:  Choose forefoot alignment. Write posting height if needed—in. or mm.	Flexibl	le — Medial
_			andard containment: Plastic
RIGHT		(	AND / OR
_	Valgus Varus Neutral Neutral Varus Valgus	4	Lateral
	Bottom Stabilization		Special Instructions
	None—Standard NOTE: Varus or valgus forefoot		
	alignments will receive stabilization on bottom of brace to support		
	NOTE: Noutral forefeet alignments		
	Entire bottom stabilized with foam sole   will not see foam on toe shelf.		
	Entire bottom stabilized with foam sole and non-skid cover	Rush or	der (adds \$20)



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PF resist, DF resist, Softy liner

	Last name:	Construction • Features • Options
∍nt	First: Male Female	MEDIAL (Left) LATERAL (Left)
<b>Patient</b>	Date cast: N W	O Elastic Anterior Strap Padding
	Birth date: Bilateral Left only Right only	Posterior Strut
	Name: Title:	Instep & Forefoot Straps Outer Outer
er	Facility:	Frame
tion	Street address:	Liner
<b>Practitioner</b>		
P	City: State: Zip:	Length
	Email: Phone:	NOTE: If you don't choose an option, you will receive the Standard.
	Cascade P&O is billing the patient's insurance. —OR—	Posterior Specify: Specify: Specify: Specify: Standard
	—UCAN №:	Cast height must be greater than brace height •
	Billing info is the same as practitioner facility. –OR–	Posterior Strut: V Standard Semi-rigid
Billing	Billing facility:	
<u></u>	Street address:	Inner Softy foam (white only) Standard Dolyethylene Liner: (outer frame extends to full-length)  (outer frame trimmed at sulcus)
	City: State: Zip:	Add extra navicular padding (boney pronators only)
	P.O. N° :	
	Shipping info is the same as practitioner facility. —OR—	Straps: Standard (see drawing) Add toe abduction strap
<b>5</b> 0	Shipping contact name:	Change anterior strap to non-stretch
Shipping	Street address:	Color: Other: Other:
Shi		Instep Strap Pattern: No pattern Standard Other:
	City: State: Zip:	Transfer  No Transfer Standard
	Finished Brace Angles	(Outer frame only; additional cost per brace)
Al	NKLE ALIGNMENT	Pattern: Provide Own Pattern
L	Correct to 3–4° DF Correct to OF Do not correct (Cast alignment OK)	Toe Rise and Cuff White
Ш	NDFOOT ALIGNMENT	Padding Standard Other:
	Correct to vertical (if misaligned)  Do not correct  DREFOOT ALIGNMENT  NOTE:	Toe Shelf—Inner Liner
-	Choose forefoot alignment. Write posting height if needed—in. or mm.	Flexible — Medial
노		Standard containment:
RIGHT		AND/OR Lateral
_	Valgus Varus Neutral Neutral Varus Valgus	containment:
L		Special Instructions
	Bottom Stabilization	
	None—Standard  NOTE: Varus or valgus forefoot alignments will receive stabilization and property of brong to support	
	Heel -OR- Midfoot -OR- Both tion on bottom of brace to support posted (raised) region.	
	Entire bottom stabilized with foam sole NOTE: Neutral forefoot alignments will not see foam on toe shelf.	
	Entire bottom stabilized with foam sole and non-skid cover	Rush order (adds \$20)



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PF free, DF free

	Last name:	Construction • Features • Options		
Ħ				
Patient		MEDIAL (Left) LATERAL (Left)		
ä	Date cast: N W  Birth date: Bilateral Left only Right only	Instep & Forefoot Straps Padding		
	Name: Title:	Height -		
<u>.</u>	Facility:			
<b>Practitioner</b>	Street address:	Length -		
ctit				
Pra	City: State: Zip:			
	Email: Phone:			
	Cascade P&O is billing the patient's insurance. —OR—			
	—UCAN N°:	NOTE: If you don't choose an option, you will receive the <b>Standard</b> .		
ng	Billing info is the same as practitioner facilityOR-	Height: Above malleoli Standard Specify:		
Billing	Billing facility:	Cast height must be greater than brace height •		
	Street address:	Padding: Shaded areas above are Standard		
	City: State: Zip:	Add extra navicular padding (boney pronators only)		
	P.O. N° :	Padding Color: White Standard Other:		
	Shipping info is the same as practitioner facility. —OR—	Straps: Standard Add toe abduction strap		
Shipping	Shipping contact name:	Add Anterior		
hipp	Street address:	Strap: Non-stretch - or - Elastic straps will increase		
(J)		Strap: Non-stretch - or -		
	City: State: Zip:	Strap Color: White Other:		
	Finished Brace Angles	Instep Strap Pattern:  No pattern Standard Other:		
IA	NKLE ALIGNMENT  Correct to 3–4° DE Correct to	Transfer (Additional cost No Transfer Standard		
L	Correct to 3–4° DF	Provide		
HI	NDFOOT ALIGNMENT Correct to vertical (if misaligned)  Do not correct	Pattern:		
F	DREFOOT ALIGNMENT NOTE:	Toe Shelf		
	Choose forefoot alignment. Write posting height if needed—in. or mm.	Flexible — no containment Medial		
보		Standard containment: Plastic AND / OR		
RIGHT		Lateral		
_	Valgus Varus Neutral Neutral Varus Valgus	containment: Plastic		
<u>L</u>		Special Instructions		
	Bottom Stabilization			
	None—Standard  Note: Varus or valgus forefoot alignments will receive stabiliza-			
	Heel -OR- Midfoot -OR- Both tion on bottom of brace to support posted (raised) region.			
Entire bottom stabilized with foam sole WOTE: Neutral forefoot alignments will not see foam on toe shelf.				
	Entire bottom stabilized with foam sole and non-skid cover	Rush order (adds \$20)		



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PF free, DF free, Softy liner

	Last name.	Construction • Features • Options
=	Last name:	
Patient	First: Male Female	MEDIAL (Left) LATERAL (Left)
Pa	Date cast: N W	Instep & Forefoot Straps
	Birth date: Bilateral Left only Right only	Outer Frame Inner
	Name: Title:	Inner Liner H
Practitioner	Facility:	
	Street address:	Length
acti		
P	City: State: Zip:	
	Email: Phone:	
		NOTE: If you don't choose an option, you will receive the <b>Standard</b> .
	Cascade P&O is billing the patient's insurance. —OR—	Height: Above malleoli Standard Specify:
	—UCAN N°:	• Cast height must be greater than brace height •
Вu	Billing info is the same as practitioner facility. –OR–	Inner Softy foam (white only) Standard Polyethylene
Billing	Billing facility:	Liner: (outer frame extends to full-length) (outer frame trimmed at sulcus)
_	Street address:	Add extra navicular padding (boney pronators only)
	City: State: Zip:	
	P.O. N° :	Straps: Standard (see drawing) Add toe abduction strap
	Shipping info is the same as practitioner facility. —OR—	Add Anterior Strap: Non-stretch - or - Elastic straps will
<b>.</b>	Shipping contact name:	Add Posterior height
Shipping	Street address:	Strap: NOII-Stretch - Or - Elastic :
Ship	Street address.	Color: White Other:
•,	City Chalas 7ias	Instep Strap Pattern: No pattern Other:
	City: State: Zip:	Transfer No Transfer Standard
	Finished Brace Angles	(Outer frame only; additional cost per brace)
AI	IKLE ALIGNMENT  Correct to 3–4° DE Correct to	Provide Own Pattern:
L	Correct to 3–4° DF Correct to PF Do not correct (Cast alignment OK)	
Н	NDFOOT ALIGNMENT	Toe Rise White Other:
	Correct to vertical (if misaligned) Do not correct	Toe Shelf—Inner Liner
FC	PREFOOT ALIGNMENT NOTE:  Choose forefoot alignment. Write posting height if needed—in. or mm.	Flexible — Madial
_	NO  - NO  - 800   . NO   . NO   . NO   .	no containment Medial containment:
RIGHT		AND/OR IN(II)
_	Valgus Varus Neutral Neutral Varus Valgus	Lateral containment:
		Containment.
	Bottom Stabilization	Special Instructions
	NOTE: Very proplem for fact	
	alignments will receive stabiliza-	
L	Heel -OR- Midfoot -OR- Both posted (raised) region.	
	Entire bottom stabilized with foam sole NOTE: Neutral forefoot alignments will not see foam on toe shelf.	
	Entire bottom stabilized with foam sole and non-skid cover	Rush order (adds \$20)



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#### Maximum control foot orthosis

	Last nan	ne:	-				Co	onstru	uction	• Featu	ures • Op	tions
Patient	First:				Male	Female		l ME	EDIAL (Left)		ATERAL (Left)	1
Pati	Date cas	t:				N W			Dir it (Loit)	_	2 11 21 21 12 (2011)	
	Birth date:			Bilateral	Left only	Right only	) (	P	adding			
	Name:				Title:			7				
er	Facility:										The last	
Practitioner	Street ad	dress:									<b>←</b> Len	gth——▶
acti											Foam ext	ension
<u>.</u>	City:			State:	Zip:		Plastic tri proximal	rimmed I to 1st me	et. head,		attached	
	Email:			Phone:			distal to s	5th				
		ada D&O id	s billing the p	nationt's in	curanco	-OR-						
		CAN Nº:	s billing the p	Janeni S III	surance.	-OK-						
			ne same as	practition	or facility	OD.						
Billing	$\equiv$	_	ie saille dS	practition	iei iacility.	-OR-					/	
Bil	Street ad	g facility:										
	City:			State:	Zip:		NOTE:	If you do	n't choose a	an option, ye	ou will receive th	e Standard.
	P.O. N°			Otato.	ΖΙΡ.		Outer		Co-Poly <b>S</b>	tandard	□ Polyot	hylono
	r.o. iv	•					Frame:					hylene attern is not an option)
	Shipp	oing info is	the same as	practition	er facility.	-OR-	Padding:		ed areas abo			
ing	Shipping	contact na	me:				Padding	ш		navicular	padding (bone)	pronators only)
Shipping	Street ad	dress:					Color:		White Standa	ard	Other:	
S								Additional co	ost 🗆	lo Transfe	er Standard	
	City:			State:	Zip:			er brace)	''	io mansie	Januaru	Provide
		F:.	ishad B	A.			Pattern:					Own Pattern
HII	NDFOOT	ALIGNMEI	nished B	race Al	igies				T	oe She	elf	
_			f misaligned	1)	☐ Do r	not correct	☐ Very Fle Stand				Full length pla	stic
EC	DEFOOT	ALIGNME	NT NOTE		(Cast	alignment OK)				(	all the same of th	
гс					ht if needed—in	. or mm.						
	17() [.	17()	1. (5)		1 (\<	()()		$\bigvee$	<b>→</b> FOAM		1	PLASTIC
ZIGHT B		HO HO	RIGHT			LE L	PLASTIC TRIMMED PROXIMAL TO 1 <sup>ST</sup> M	MET.				TRIMMED DISTAL TO TOES
	-9		6000	(C)			HEAD, DISTAL TO 5	5 <sup>1H</sup>				
	Valgus	Varus	Neutral	Neutral	Varus	Valgus			Specia	ıl Instru	uctions	
	·	<u> </u>										
Bottom Stabilization												
Midfoot & Medial Heel—Standard												
NOTE: Varus or valgus forefoot alignments will receive stabilization on bottom of brace to support												
_			zed with foa	י	oosted (raised) regi							
_		atom stabili	ZCG WILLI IOC	1	IOTE: Neutral foref							
None will not see foam on toe shelf.					Rush o	rder (ad	dds \$20)					



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#### Maximum control foot orthosis, Softy liner

	Last name:	Construction • Features • Options
ent	First: Male Female	MEDIAL (Left)
<b>Patient</b>	Date cast: N W	MEDIAL (Left)  LATERAL (Left)  Outer Frame
	Birth date: Bilateral Left only Right only	Inner Liner
	Name: Title:	
ler	Facility:	<b>←</b> Length ←
<b>Practitioner</b>	Street address:	
acti		Plastic outer frame
4	City: State: Zip:	trimmed proximal to 1st met. head,
	Email: Phone:	distal to 5th
	Casaada De O is billing the national insurance	
	Cascade P&O is billing the patient's insurance. —OR— —UCAN N°:	
Billing	☐ Billing info is the same as practitioner facility. —OR—	
Bill	Billing facility:  Street address:	NOTE: If you don't choose an option, you will receive the <b>Standard</b> .
		Outer Frame: Co-Poly Standard Polyethylene (Transier Pattern is not an option)
	City: State: Zip:	Softy foam (Transfer Pattern is not an option)
	P.O. N°:	Inner Liner: (white only) Polyethylene Standard
	Shipping info is the same as practitioner facility. —OR—	Add extra navicular padding (boney pronators only)
ng	Shipping contact name:	
Shipping	Street address:	Transfer (Additional cost per Pattern: brace)  No Transfer Standard
ŝ		Pattern: Provide Own Pattern
	City: State: Zip:	Toe Rise — White —
		Color: Standard Other:
	Finished Brace Angles	Toe Shelf
	NDFOOT ALIGNMENT	Liner only full length Plastic outer frame and
L	Correct to vertical (if misaligned) Do not correct	Standard liner full length
FC	DREFOOT ALIGNMENT NOTE:	
	Choose forefoot alignment. Write posting height if needed—in. or mm.	
RIGHT	RIGHT	OUTER FRAME TRIMMED PROXIMAL EXTENDS TO
₹ (		TO IST MET. HEAD, DISTAL TO 5TH.
_	Valgus Varus Neutral Neutral Varus Valgus	Special Instructions
		opoolal moti actions
	Bottom Stabilization	
	Midfoot & Medial Heel— <b>Standard</b> NOTE: Varus or valgus forefoot alignments will receive stabiliza-	
_	Heel -OR- Midfoot -OR- Both alignments will receive stabilization on bottom of brace to support posted (raised) region.	
1	posted (raised) region.	
Ш	Entire bottom stabilized with foam sole  NOTE: Neutral forefoot alignments will not see foam on toe shelf.	



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# DAFO° 8

Resting, non-ambulatory

fax 855.543.0092   www.cascadedafo.com	Resting, non-ambulate
Last name:	Construction • Features • Options
First: Male Female	MEDIAL (Left) LATERAL (Left)
First: Male Female  Date cast: N W	O Non-Stretch
Birth date: Bilateral Left only Right only	Anterior Strap
Name: Title:	Instep & Forefoot Straps  Padding  Instep & Forefoot Straps
Facility:	
Street address:	
acti	
City: State: Zip:	Length
Email: Phone:	
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° :	NOTE: If you don't choose an option, you will receive the Standard.
Shipping info is the same as practitioner facility. —OR—	Posterior
Shipping contact name:	Cast height must be greater than brace height •
Shipping contact name:  Street address:	Padding: Shaded areas above are <b>Standard</b>
<u> </u>	Add extra navicular padding (boney pronators only)
City: State: Zip:	Padding White Other:
Finished Brace Angles	Straps: Standard Add toe abduction strap
ANKLE ALIGNMENT	Strap White
Correct to 3–4° DF Correct to OF Do not correct (Cast alignment OK)	Color: Other:
HINDFOOT ALIGNMENT	Instep Strap No pattern Pattern: Standard Other:
Correct to vertical (if misaligned)  Do not correct	Toe Shelf
FOREFOOT ALIGNMENT NOTE:  Choose forefoot alignment. Write posting height if needed—in. or mm.	Flexible — no containment Medial
	Standard containment: Plastic
REPLACE OF THE PROPERTY OF THE	AND / OR
Valgus Varus Neutral Neutral Varus Valgus	Lateral Containment: Plastic
Bottom Stabilization	Special Instructions
None—Standard  Note: Varus or valgus forefoot	
alignments will receive stabilization on bottom of brace to support posted (raised) region.	
Entire bottom stabilized with foam sole NOTE: Neutral forefoot alignments will not see foam on toe shelf.	
Entire bottom stabilized with foam sole and non-skid cover	Rush order (adds \$20)



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#### Resting, non-ambulatory, Softy liner

tax 855.543.0092   www.cascadedato.co	
Last name:	Construction • Features • Options
First: Male Fema	le MEDIAL (Left) LATERAL (Left)
First: Male Female Date cast: N N N	N Non-Stretch
Birth date: Bilateral Left only Right or	Anterior Strap Padding
Name: Title:	Instep & Forefoot Straps
Facility:	Frame
Street address:	Inner
City: State: Zip:	Length
Email: Phone:	
Cascade P&O is billing the patient's insurance. —OR— —UCAN N°:	_
Billing info is the same as practitioner facilityOR-  Billing facility:	NOTE: If you don't choose an option, you will receive the Standard.
Billing facility:  Street address:	Posterior 2% to 34 of leg length Specify:
	Cast height must be greater than brace height •
City: State: Zip:  P.O. N°:	Inner Softy foam (white only) Standard Polyethylene (outer frame extends to full-length) (outer frame trimmed
F.O. N° :	at sulcus)
Shipping info is the same as practitioner facility. —OR—	Add extra navicular padding (boney pronators only)
Shipping contact name:	Straps: Standard (see drawing) Add toe abduction strap
Shipping contact name:  Street address:	Strap White Other:
あ	Color: Standard Other:
City: State: Zip:	Pattern: Standard Other:
Finished Brace Angles	Toe Rise and Cuff White Other:
ANKLE ALIGNMENT	Padding Standard Other:
Correct to 3–4° DF Correct to OF Do not corre (Cast alignment)	Toe Shelf—Inner Liner
HINDFOOT ALIGNMENT	Flexible — Medial
Correct to vertical (if misaligned)  Do not correct	Standard containment:
FOREFOOT ALIGNMENT NOTE:  Choose forefoot alignment. Write posting height if needed—in. or mm.	AND / OR Lateral
	containment:
NG N	
Valgus Varus Neutral Neutral Varus Valgus	Special Instructions
Bottom Stabilization	
None—Standard NOTE: Varus or valgus forefoot	<b>-</b>
alignments will receive stabilization on bottom of brace to support	
Entire bottom stabilized with foam sole NOTE: Neutral forefoot alignments	
Entire bottom stabilized with foam sole and non-skid cover	Rush order (adds \$20)



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#### Adjustable night-stretching brace

	Last name:		Construction • Features • Options			
ŧ	First: Male Female		MEDIAL (Left) LATERAL (Left)			
atient	Date cast:		Padding			
<b>₫</b>						
	Bilateral Left only Right only	\	Adjustable Velcro Straps			
	Name: Title:	М	Outer Frame S S S S S S S S S S S S S S S S S S S			
er	Facility:		Liner			
Street address:						
racti			Suaps			
Ę	City: State: Zip:		Non-skid cover   Length			
	Email: Phone:	NOT	TE: If you don't choose an option, you will receive the <b>Standard</b> .			
		Posterior Height:	2/3 to 3/4 of leg length Specify:			
	Cascade P&O is billing the patient's insurance. —OR—	Outer				
	—UCAN N°:	Frame:	Polyethylene Co-poly Polypro (Standard to 8" foot length)			
пg	Billing info is the same as practitioner facility. –OR–	Inner	(Transfer Pattern is not an option on polyethylene)  Softy foam Standard Polyethylene			
Billing	Billing facility:	Liner:	Softy foam Standard Polyethylene (white only)			
_	Street address:		Add extra navicular padding			
	City: State: Zip:	21				
	P.O. N° :	Straps:	Elastic removable d-ring strap Standard			
	Shipping info is the same as practitioner facility. —OR—		Non-stretch removable d-ring strap  Non-stretch d-ring strap riveted to medial/lateral sides			
<u>ත</u>	Shipping contact name:		Add toe abduction strap			
Shipping	Street address:	Strap Color:	White O			
Shi		Instep	Standard Other:  No pattern			
	City: State: Zip:	Pattern:	Standard Other:			
	out. Z.p.	Transfer	No Transfer Standard			
	Finished Brace Angles	Pattern: (Outer fram	ne only; additional cost per brace)			
_	IKLE ALIGNMENT  Correct to 3-4° DE Correct to DD Do not correct	Patte	ern: Provide Own Pattern			
L	Correct to 3–4° DF Correct to PF Do not correct (Cast alignment OK)	Toe Rise				
Ш	NDFOOT ALIGNMENT	and Cuff Padding	White Other:			
	Correct to vertical (if misaligned) Do not correct	Color:				
FC	PREFOOT ALIGNMENT NOTE:  Choose forefoot alignment. Write posting height if needed—in. or mm.		Toe Shelf—Inner Liner			
	Choose forebot anginnent. White posting neight in needed—in. or him.	Medial/La	ateral soft containment—Standard			
GH	RIGHT					
₹(						
	Valgus Varus Neutral Neutral Varus Valgus		Special Instructions			
	Pottom Stabilization					
_	Bottom Stabilization					
RC	ttom covered with non-skid cover— <b>Standard</b>					
	TE— less requested otherwise, varus or valgus forefoot alignments will receive					
	bilization on bottom of brace to support posted (raised) region.	Rusi	h order (adds \$20)			



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	Last name:	Construction • Features • Options				
•nt	First: Male Female	MEDIAL (Left) LATERAL (Left)				
Patient	Date cast: N W					
_	Birth date: Bilateral Left only Right only	Non-Stretch Anterior Strap				
	Name: Title:	Padding Padding				
ē	Facility:	Instep & Forefoot Straps				
tion	Street address:					
Practitioner						
P	City: State: Zip:	↓ I santh				
	Email: Phone:	Length				
	Cascade P&O is billing the patient's insurance. —OR—					
	—UCAN N°:					
	Billing info is the same as practitioner facility. –OR–					
Billing	Billing facility:	NOTE: If you don't choose an option, you will receive the <b>Standard</b> .				
<u></u>	Street address:	Posterior Height: 2/3 to 3/4 of leg length Specify:				
	City: State: Zip:	Height:				
	P.O. N° :	Padding: Shaded areas above are Standard				
	Chinaina infa in the company of the	Add extra navicular padding (boney pronators only)				
	Shipping info is the same as practitioner facility. —OR— Shipping contact name:	Padding White				
Shipping	Street address:	Color: Standard Other:				
Ship	- Circuit dudition.	Straps: Standard (see drawing) Add toe abduction strap				
	City: State: Zip:	Strap Color: White Other:				
	Finished Brace Angles	Instep Strap No pattern Cotton				
Αl	IKLE ALIGNMENT	- Contains				
	Correct to 3–4° DF Correct to PF Do not correct	Transfer (Additional cost Pattern: per brace)  No Transfer Standard				
НІ	NDFOOT ALIGNMENT	Pattern: Provide Own Pattern				
	Correct to vertical (if misaligned)	Toe Shelf				
FC	OREFOOT ALIGNMENT NOTE:	Flexible —				
	Choose forefoot alignment. Write posting height if needed—in. or mm.	no containment Medial Containment: Plastic				
RIGHT		AND/OR I				
	Valgus Varus Neutral Neutral Varus Valgus	Lateral				
	valgus valus Nedulai Nedulai valus valgus					
	Bottom Stabilization	Special Instructions				
Г	None—Standard NOTE: Varus or valgus forefoot					
	alignments will receive stabilization on bottom of brace to support					
	NOTE: Noutral farefast alignments					
	JEntire bottom stabilized with foam sole will not see foam on toe shelf.					
L	Entire bottom stabilized with foam sole and non-skid cover	Rush order (adds \$20)				



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	Last name:	Construction • Features • Options
ŧ	First: Male Female	
Patient	Date cast:	MEDIAL (Left)  LATERAL (Left)
•	Birth date: Bilateral Left only Right only	O Non-Stretch Anterior Strap Padding
	Name: Title:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
10	Facility:	Instep & Forefoot Straps Outer Frame  Unstep & Forefoot Straps
Practitioner	Street address:	Inner Liner
Pr	City: State: Zip:	
	Email: Phone:	Length ———
	Cascade P&O is billing the patient's insurance. —OR—	
	—UCAN N°:	NOTE: If you don't choose an option, you will receive the <b>Standard</b> .
_	Billing info is the same as practitioner facility. –OR–	Posterior — 2% to 3% of leg length —
Billing	Billing facility:	Height: Standard Specify:
M	Street address:	• Cast height must be greater than brace height •
	City: State: Zip:	Inner Softy foam (white only) Standard Outer frame extends to full-length) Polyethylene (outer frame trimmed at sulcus)
	P.O. N° :	Add extra navicular padding (boney pronators only)
	Shipping info is the same as practitioner facility. —OR—	Standard —
5)	Shipping contact name:	Straps: Add toe abduction strap  Strap White
Shipping	Street address:	Color: White Standard Other:
Shi		Instep Strap No pattern Pattern: Other: Other:
	City: State: Zip:	Transfer No Transfer Standard
	Finished Brace Angles	Outer frame only; additional cost per brace)
ΑN	IKLE ALIGNMENT	Pattern: Provide Own Pattern
	Correct to 3–4° DF Correct to OPF Do not correct (Cast alignment OK)	Toe Rise
НІ	NDFOOT ALIGNMENT	and Cuff White Other:
	Correct to vertical (if misaligned)	Color:  Toe Shelf—Inner Liner
FC	PREFOOT ALIGNMENT NOTE:  Choose forefoot alignment. Write posting height if needed—in. or mm.	Flexible —
_		no containment Medial containment:
RIGHT	LE L	
_	Valgus Varus Neutral Neutral Varus Valgus	Lateral containment:
	Bottom Stabilization	Special Instructions
	None—Standard  Note: Varus or valgus forefoot alignments will receive stabiliza-	
	Heel -OR- Midfoot -OR- Both Heel or Midfoot	
	Entire bottom stabilized with foam sole NOTE: Neutral forefoot alignments will not see foam on toe shelf.	
	Entire bottom stabilized with foam sole and non-skid cover	Rush order (adds \$20)



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# FlexiSport

Strong PF resist, DF resist

Last name:	Construction • Features • Options
	male MEDIAL (Left) LATERAL (Left)
	Anterior Strap
a Date cast.	Outer
Birth date: Bilateral Left only Right	Only   Frame   Egg   Frame   F
Name: Title:	
Facility:	
Street address:	NOTE: If you don't choose an option, you will receive the <b>Standard</b> .
	Posterior — 2/2 to 3/2 of log length —
City: State: Zip:	Height: Standard Specify:
Email: Phone:	Posterior Standard Semi-rigid
Cascade P&O is billing the patient's insurance. —OR—	Inner Liner: Polyethylene Softy foam (white only) Standard
—UCAN N°:	Add extra navicular padding Add plastizote to malleoli
Billing info is the same as practitioner facility. —OR—	Straps: Standard Add D-ring to anterior strap
Billing facility:	(see draw-ing)  Add forefoot strap
Street address:	Add toe abduction strap
City: State: Zip:	Strap Color: White Other:
P.O. N° :	Instep Strap No pattern Other:
Shipping info is the same as practitioner facility. —OR—	Transfor
	Pattern: No Transfer Standard
Street address:	(Outer frame only; additional cost per brace)  Provide Own Pattern:
City: State: Zip:	Toe Rise and Cuff White  Padding Standard Other:
	Padding Standard Unier
Finished Brace Angles ANKLE ALIGNMENT	Toe Shelf
Correct to 3–4° DF Correct to DF Do not cor	Outer Full-length under Trimmed at sulcus rect Frame plantar surface under plantar
PF Cast alignme	
HINDFOOT ALIGNMENT  Correct to vertical (if misaligned)  Do not correct	et )
FOREFOOT ALIGNMENT NOTE:	
Choose forefoot alignment. Write posting height if needed—in. or mm.	
	Flexible — no containment Medial
	Standard containment:  AND / OR
Valgus Varus Neutral Neutral Varus Valgu	s Lateral
U  U	containment:
Bottom Stabilization	Special Instructions
None—Standard  NOTE: Varus or valgus forefoot alignments will receive stabiliza-	
Heel -OR- Midfoot -OR- Both tion on bottom of brace to suppoposed (raised) region.	
Entire bottom stabilized with foam sole NOTE: Neutral forefoot alignme will not see foam on toe shelf.	nts
Entire bottom stabilized with foam sole and non-skid cover	Rush order (adds \$20)



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# **Floor Reaction**

Rear entry, DF block

	Last name:	·	Construction • Features • Options
ent	First:	Male Female	MEDIAL (Left) LATERAL (Left)
Patient	Date cast:	NW	Posterior Strap
	Birth date: Bilate	eral Left only Right only	(Non-Stretch) Padding
	Name:	Title:	Outer Frame
er	Facility:		Frame Frame Instep Strap Polyethylyne
Practitioner	Street address:		Forefoot Strap Inner Liner (Riveted)
P	City: Sta	ate: Zip:	
	Email: Ph	none:	Length —
	Cascade P&O is billing the patier	nt's insurance. –OR–	NOTE: If you don't choose an option, you will receive the <b>Standard</b> .
	—UCAN N°:	it's illisulatice. –OR–	Anterior Height: 3/4 of leg length Standard Specify:
	Billing info is the same as prac	titioner facility. –OR–	Cast height must be greater than brace height •
Billing	Billing facility:	titioner facility. –OK–	Option 1 Option 2 Option 3 (No Liner)
<u> </u>	Street address:		Padding Padding Padding
	City: Sta	ate: Zip:	
	P.O. N° :		Polyethylene Inner Liner Inner Liner
	Shipping info is the same as prac	etitioner facility. –OR–	
50	Shipping contact name:	didoner facility. –OR–	Add navicular padding (boney pronators only)
Shipping	Street address:		Padding Color: White Standard Other:
Ship			Straps: Standard (see drawing)
	City: Sta	ate: Zip:	Strap White Other:
		<u>'</u>	Instep Strap No pattern Pattern: Standard Other:
AN	Finished Brace	e Angles	Transfer No Transfer Standard
	Correct to 3–4° DF Correct to	□ DF □ Do not correct (Cast alignment OK)	Pattern: No Transfer Standard  (Outer frame only; additional cost per brace)
HII	NDFOOT ALIGNMENT	(Cast alignment OK)	Provide Own Pattern
	Correct to vertical (if misaligned)	Do not correct	Inner Liner:
FO	REFOOT ALIGNMENT NOTE:	-	Flexible —
	Choose forefoot alignment. Write posting	g height if needed—in. or mm.	Standard containment: Plastic
노 (			AND / OR Lateral
RIGHT	RIGHT RIGHT	LE L	containment: Plastic
\	/algus Varus Neutral Ne	eutral Varus Valgus	Special Instructions
		oxdot	
	Bottom Stabi	lization	
	,	NOTE: Varus or valgus forefoot	
_	None—Standard	alignments will receive stabilization	
	1	on bottom of brace to support	l l
	Heel	posted (raised) region.  NOTE: Neutral forefoot alignments	



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PF resist, DF free

lax 033.343.0092   www.cascadedato.com	
Last name:	Construction • Features • Options
First: Male Female	
First: Male Female  Date cast: N W	MEDIAL (Left) LATERAL (Left)
Birth date: Bilateral Left only Right only	Proximal Strap
Name: Title:	
Facility:	Instep & Forefoot Straps Padding
Street address:	
acti	
City: State: Zip:	
Email: Phone:	
Cascade P&O is billing the patient's insurance. —OR—	
—UCAN N°:	
Billing info is the same as practitioner facility. —OR—	
Billing facility:	NOTE: If you don't choose an option, you will receive the Standard.
	Padding: Shaded areas above are <b>Standard</b>
City: State: Zip:	Add extra navicular padding (boney pronators only)
P.O. N° :	Padding White Other:
Shipping info is the same as practitioner facility. —OR—	NOTE: The proximal padding color is available in white only.
Shipping contact name:	Straps: Standard (see drawing)
Street address:	Add toe abduction strap
<b>5</b>	Strap White Other:
City: State: Zip:	NOTE: The posterior strap color is available in white dacron only.
Finished Brace Angles	Instep Strap Pattern: No pattern Standard Other:
ANKLE ALIGNMENT	
Correct to 3–4° DF Correct to OF DF Do not correct (Cast alignment OK)	Transfer (Additional cost per brace)  No Transfer Standard
HINDFOOT ALIGNMENT	Pattern: Provide Own Pattern
Correct to vertical (if misaligned) Do not correct	Toe Shelf
FOREFOOT ALIGNMENT NOTE:  Choose forefoot alignment. Write posting height if needed—in. or mm.	Flexible — no containment Medial
- DO  - DO  - OO    DO    DO    DO	Standard containment: Plastic
REPUBLISHED TO THE PROPERTY OF	AND / OR Lateral
Valgus Varus Neutral Neutral Varus Valgus	containment: Plastic
	Special Instructions
Bottom Stabilization	
None—Standard  NOTE: Varus or valgus forefoot alignments will receive stabiliza-	
Heel -OR- Midfoot -OR- Both Both Both	
Entire bottom stabilized with foam sole NOTE: Neutral forefoot alignments will not see foam on toe shelf.	
Entire bottom stabilized with foam sole and non-skid cover	Rush order (adds \$20)



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PF resist, DF free, Softy liner

Name:  Facility:  Street address:  City: State: Zip: Email: Phone:  Cascade P&O is billing the patient's insuranceORUCAN N°:  Billing info is the same as practitioner facilityOR-  NOTE: If you don't choose an option, you will receive the Standa	
Birth date:  Bilateral Left only Right only  Name:  Facility:  Street address:  City: State: Zip: Email:  Phone:  Cascade P&O is billing the patient's insurance.  —UCAN N°:  Pilling info is the same so prestitioner facility.  OR	
Birth date:  Bilateral Left only Right only  Name:  Facility:  Street address:  City: State: Zip: Email:  Phone:  Cascade P&O is billing the patient's insurance.  —UCAN N°:  Pilling info is the same so prestitioner facility.  OR	
Name:  Facility:  Street address:  City:  Email:  Proximal Strap  Liner  Instep & Forefoot Straps  City:  Email:  Phone:  Cascade P&O is billing the patient's insurance.  —OR—  —UCAN N°:	
Name:  Facility:  Street address:  City: State: Zip:  Email: Phone:  Cascade P&O is billing the patient's insuranceOR-  -UCAN N°:	
Street address:  City: State: Zip:  Email: Phone:  Cascade P&O is billing the patient's insurance. —OR— —UCAN N°:	
Email: Phone:  Cascade P&O is billing the patient's insurance. —OR— —UCAN N°:	
Email: Phone:  Cascade P&O is billing the patient's insurance. —OR— —UCAN N°:	
Email: Phone:  Cascade P&O is billing the patient's insurance. —OR— —UCAN N°:	
Cascade P&O is billing the patient's insurance. —OR—  —UCAN №:	
—UCAN N°:	
—UCAN N°:	
Dilling info is the same as prestitionar facility.	
NOTE: If you don't choose an option, you will receive the <b>Standa</b>	
Billing lacility.	rd.
Street address:  Liner: Softy foam (white only) Standard  Street address:	
City: State: Zip:	only)
Instep & Standard (see drawing)	
Forefoot Straps:  Add toe abduction strap	
Shipping info is the same as practitioner facility. —OR— Strap Color: Standard Other:	
Shipping contact name:  Street address:  Instep Strap Pattern:  No pattern Standard Other:	
Transfer (Additional cost Pattern: per brace) No Transfer Standard	
City: State: Zip:	/ide
Finished Brace Angles	n Pattern
ANKLE ALIGNMENT Toe Shelf—Inner Liner	
Correct to 3–4° DF Correct toOF Do not correct (Cast alignment OK) PF Correct toOCONTAINMENT Medial	
HINDFOOT ALIGNMENT Standard containment:	
Correct to vertical (if misaligned)  Do not correct  AND / OR  Lateral	
Choose forefoot alignment. Write posting height if needed—in. or mm.	
Special Instructions	
Valgus Varus Neutral Neutral Varus Valgus	
Bottom Stabilization	
NOTE: Varus or valgus forefoot	
None—Standard  Note: Varus or valgus forefoot alignments will receive stabilization on bottom of brace to support specific place in the post of the po	
alignments will receive stabiliza-	



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# <sup>½</sup>Tami2

Hinged PF block, DF free

	Last name:	Construction • Features • Options	
ent	First: Male Female	MEDIAL (Left)  Non-Stretch	
<b>Patient</b>	Date cast: N W	Anterior Strap Padding	
	Birth date: Bilateral Left only Right only	PF Block Outer Frame Instep Strap Polyethylyne Inner Liner	
	Name: Title:	Inner Liner	
ler	Facility:	Length	
<b>Practitioner</b>	Street address:	NOTE: If you don't choose an option, you will receive the Standard.	
act		Hinge Type: Dorsi-assist Tamarack Standard  Durometer (95 is stiffest):	
4	City: State: Zip:	<b>75 d Standard</b> 85 d 95 d	
	Email: Phone:	Straight Tamarack	
	Cascade P&O is billing the patient's insurance. —OR—	Posterior Height:  2/3 to 3/4 of leg length Standard  Specify:	
	—UCAN N°:	Cast height must be greater than brace height •	
_	☐ Billing info is the same as practitioner facility. —OR—	Inner Liner: Polyethylene Standard Softy foam (white only) None	
Billing	Billing facility:	Add extra navicular padding Add plastizote to malleoli (boney pronators only)	
	Street address:	Straps: Standard Add toe abduction strap	
	City: State: Zip:	(tibial & instep straps) Add forefoot strap  Strap White	
	P.O. N° :	Color: Standard Univer:	
	Shipping info is the same as practitioner facility. —OR—	Instep Strap Pattern:  No pattern Standard Other:	
<b>.</b>	Shipping contact name:	Transfer No Transfer Standard	
ping		(Outer frame only; additional cost per brace)	
Shipping	Street address:	Pattern: Provide Owr Pattern	
<b>U</b> ,		Toe Rise	
	City: State: Zip:	and Cuff White Padding Standard Other:	
	Finished Brace Angles	Color:	
ANKLE ALIGNMENT  Outer Full-length Trimmed distal to Trimmed just			
L 	Correct to 3–4° DF Correct to PF Do not correct (Cast alignment OK)	Frame: under plantar met. heads proximal to met under plantar surface plantar surface plantar surface	
Ш	NDFOOT ALIGNMENT  Correct to vertical (if misaligned)  Do not correct	B B B B B B B B B B B B B B B B B B B	
FC	DREFOOT ALIGNMENT NOTE:		
	Choose forefoot alignment. Write posting height if needed—in. or mm.	Inner Liner:	
RIGHT	NO STATE OF THE PROPERTY OF TH	Flexible — Medial containment Standard Containment:	
	Valgus Varus Neutral Neutral Varus Valgus	AND/OR	
		Lateral containment:	
•••••	Bottom Stabilization	Special Instructions	
Г	None—Standard NOTE: Varus or valgus forefoot		
	alignments will receive stabilization on bottom of brace to support posted (raised) region.  Heel -OR- Midfoot -OR- Both		
Entire bottom stabilized with foam sole will not see foam on toe shelf.			
	Entire bottom stabilized with foam sole and non-skid cover	Rush order (adds \$20)	



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PF block, DF block

	Last name:	Construction • Features • Options
ŧ	First: Male Female	MEDIAL (Left) LATERAL (Left)
Patient	Date cast:	Non-Stretch Padding
•	Birth date: Bilateral Left only Right only	Layover Anterior Strap with Felt Pad Outer Frame
	Name: Title:	Instep & Forefoot Straps  Padding
P	Facility:	Inner
tion	Street address:	
<b>Practitioner</b>		Length —
4	City: State: Zip:	NOTE: If you don't choose an option, you will receive the <b>Standard</b> .
	Email: Phone:	Posterior
	Cascade P&O is billing the patient's insurance. —OR-	Cast height must be greater than brace height •
	—UCAN N°:	Padding: Shaded areas above are <b>Standard</b>
5)	Billing info is the same as practitioner facilityOR-	Add extra navicular padding (boney pronators only)
Billing	Billing facility:	Padding White Other:
	Street address:	Straps: Standard Add toe abduction strap
	City: State: Zip:	(see drawing) Add D-ring/pad to anterior strap
	P.O. N° :	Strap Color: White Standard Other:
	Shipping info is the same as practitioner facility. —OR—	Instep Strap Pattern: No pattern Other:
ing	Shipping contact name:	Transfer No Transfer Standard
guiddin	Shipping contact name: Street address:	Transfer No Transfer Standard  (Outer frame only; additional cost per brace)
Shipping		Pattern: No Transfer Standard
Shipping		(Outer frame only; additional cost per brace)
Shipping	Street address:	Pattern: No Transfer Standard  (Outer frame only; additional cost per brace)  Pattern: Provide Own Pattern  Toe Shelf Outer Full-length under Standard Trimmed just
	Street address:  City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 2.4° DE Correct to 2.4° DE De net correct	Pattern:  (Outer frame only; additional cost per brace)  Pattern:  Toe Shelf  Outer Frame:  Full-length under plantar surface (for crouching)  Trimmed at distal to met. heads under plantar surface plantar surface  Trimmed just proximal to met. heads under plantar surface
Al	Street address:  City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern: (Outer frame only; additional cost per brace)  Pattern: Provide Own Pattern  Toe Shelf  Outer Full-length under plantar surface (for crouching)  Trimmed at distal to met.
Al	Street address:  City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 2.4° DE Correct to 2.4° DE De net correct	Pattern:  (Outer frame only; additional cost per brace)  Pattern:  Toe Shelf  Outer Frame:  Full-length under plantar surface (for crouching)  Trimmed at distal to met. heads under plantar surface plantar surface  Trimmed just proximal to met. heads under plantar surface
AN HI	Street address:  City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern:  (Outer frame only; additional cost per brace)  Pattern:  Toe Shelf  Outer Frame:  Full-length under plantar surface (for crouching)  Trimmed at distal to met. heads under plantar surface plantar surface  Trimmed just proximal to met. heads under plantar surface
AN HI	Street address:  City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern:  (Outer frame only; additional cost per brace)  Pattern:  Toe Shelf  Outer Frame:  Full-length under plantar surface (for crouching)  Trimmed at distal to met. heads under plantar surface  Inner Liner:  Flexible —  Madial
AN HI	Street address:  City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern:  (Outer frame only; additional cost per brace)  Pattern:  Toe Shelf  Outer Frame:  Full-length under plantar surface (for crouching)  Inner Liner:  Flexible — no containment Standard containment Standard Trimmed at distal to met. heads under plantar surface  Nedial containment Standard  Provide Own Pattern  Trimmed just proximal to met. heads under plantar surface  Plastic
AN HI	Street address:  City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern:  (Outer frame only; additional cost per brace)  Pattern:  Toe Shelf  Outer Frame:  Full-length under plantar surface (for crouching)  Inner Liner:  Flexible — no containment containment ocotainment services and services are services and services and services and services and services and services are services and services and services and services and services are services and servic
AN HI	Street address:  City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern:  (Outer frame only; additional cost per brace)  Pattern:  Toe Shelf  Outer Frame:  Provide Own Pattern  Trimmed just proximal to met. heads under plantar surface (for crouching)  Inner Liner:  Flexible— no containment Standard  AND / OR Lateral containment:  Plastic
AN HI	Street address:  City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern:  (Outer frame only; additional cost per brace)  Pattern:  Toe Shelf  Outer Frame:  Provide Own Pattern  Trimmed just proximal to met. heads under plantar surface flattal to met. heads under plantar surface  Inner Liner:  Flexible  no containment Standard  AND / OR Lateral  Containment:  Provide Own Pattern  Provide Own Pattern  Provide Own Pattern  Plastic  Plastic
AN HI	Street address:  City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern:  (Outer frame only; additional cost per brace)  Pattern:  Toe Shelf  Outer Frame:  Provide Own Pattern  Trimmed just proximal to met. heads under plantar surface (for crouching)  Inner Liner:  Flexible— no containment Standard  AND / OR Lateral containment:  Plastic
AN HI	Street address:  City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern:   No Iransfer Standard
AN HI	Street address:  City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern:  (Outer frame only; additional cost per brace)  Pattern:  Toe Shelf  Outer Frame:  Provide Own Pattern  Trimmed just proximal to met. heads under plantar surface (for crouching)  Inner Liner:  Flexible— no containment Standard  AND / OR Lateral containment:  Plastic



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PF block, DF block, Softy liner

	Last name:	C	onstruction • Features • Options
ent	First: Male Female	{	MEDIAL (Left) LATERAL (Left)
Patient	Date cast: N W		Non-Stretch Padding Layover Anterior Strap
	Birth date: Bilateral Left only Right only		with Felt Pad  Outer Frame  Insten & Forefoot Strans
	Name: Title:		Instep & Forefoot Straps Inner Inner
er	Facility:		
Practitioner	Street address:		Length
ract		NOTE:	If you don't choose an option, you will receive the <b>Standard</b> .
•	City: State: Zip:	Posterior	2/3 to 3/4 of leg length Specify:
	Email: Phone:	Height:	• Cast height must be greater than brace height •
	Cascade P&O is billing the patient's insurance. —OR—	Liner:	Softy foam (white only) Standard Polyethylene
	Cascade P&O is billing the patient's insurance. —OR— —UCAN N°:	Liller.	(Full length toe shelf only)
			Add extra navicular padding (boney pronators only)
ing	☐ Billing info is the same as practitioner facility. —OR—		Add plastizote to malleoli (recommended w. PE liner)
Billing	Billing facility:	Straps:	Standard Add D-ring/pad to ant. strap (see drawing)
	Street address:	Strap	Add toe abduction strap
	City: State: Zip:	Color:	Standard Other:
	P.O. N° :	Instep Strap Pattern:	No pattern Other:
	Shipping info is the same as practitioner facility. —OR—	Transfer Pattern:	No Transfer Standard
<u>g</u>	Shipping contact name:		only; additional cost per brace)
Shipping	Street address:	Pattern:	Provide Own Pattern
Shi		Toe Rise	
	City: State: Zip:	and Cuff Padding	White Standard Other:
	Finished Brace Angles	Color:	
Αl	NKLE ALIGNMENT	Outer	Toe Shelf
	Correct to 3–4° DF Correct to PF Do not correct (Cast alignment OK)	Frame:	Full-length Trimmed distal Trimmed just under plantar to met. heads under plantar heads under
НІ	NDFOOT ALIGNMENT		(for crouching) surface plantar surface
L	Correct to vertical (if misaligned) Do not correct		10 10
FC	DREFOOT ALIGNMENT NOTE:  Choose forefoot alignment. Write posting height if needed—in. or mm.		
		Inner Liner	· · · · · · · · · · · · · · · · · · ·
RIGHT		Flexib	ole — Itainment Medial
			indard containment:
Г	Valgus Varus Neutral Neutral Varus Valgus		AND / OR Lateral
	Bottom Stabilization	1	containment:
	Bottom Stabilization		Special Instructions
	None—Standard  NOTE: Varus or valgus forefoot alignments will receive stabilization on bottom of brace to support		opeoid: motractions
L	Heel -OR- Midfoot -OR- Both Both posted (raised) region.		
	Entire bottom stabilized with foam sole NOTE: Neutral forefoot alignments will not see foam on toe shelf.		
	Entire bottom stabilized with foam sole and non-skid cover	Rush o	rder (adds \$20)



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## **TwoStep**

PF resist, DF free

www.cascadedaio.com	
Last name:	Construction • Features • Options
First: Male Female	MEDIAL (Left) LATERAL (Left)
Date cast: N W	O Elastic Anterior Strap
Birth date: Bilateral Left only Right only	Allienti Strap
Name: Title:	Padding
	Instep & Forefoot Straps
6	
Street address:	
City: State: Zip:	
Email: Phone:	Length —
Cascade P&O is billing the patient's insurance. —OR—	
—UCAN N°:	
☐ Billing info is the same as practitioner facility. —OR—	
Billing facility:	NOTE: If you don't choose an option, you will receive the Standa
Street address:	Posterior
City: State: Zip:	Cast height must be greater than brace height •
P.O. N° :	Padding: Shaded areas above are <b>Standard</b>
Shipping info is the same as practitioner facility. —OR—	Add extra navicular padding (boney pronators o
Shipping contact name:  Street address:	Padding White Color: Standard Other:
	Strane: Of a dead
<u> </u>	(see drawing)
City: State: Zip:	Color: White Other:
Finished Brace Angles	Instep Strap Pattern: No pattern Other:
ANKLE ALIGNMENT  Correct to 3–4° DF  Correct to °DF  Do not correct	Transfer No Transfer Standard
Correct to 3–4° DF Correct to OF Do not correct (Cast alignment OK)	(Outer frame only; additional cost per brace)
HINDFOOT ALIGNMENT  Correct to vertical (if misaligned)  Do not correct	Pattern: Pro
Correct to vertical (if misaligned)  Do not correct  FOREFOOT ALIGNMENT NOTE:	Toe Shelf
Choose forefoot alignment. Write posting height if needed—in. or mm.	Flexible — no containment Medial
	Standard containment: Plastic  AND / OR
S S S S S S S S S S S S S S S S S S S	Lateral
Valgus Varus Neutral Neutral Varus Valgus	containment: Plastic
	Special Instructions
Bottom Stabilization	
None—Standard  NOTE: Varus or valgus forefoot alignments will receive stabiliza-	
Heel -OR- Midfoot -OR- Both both both Heel or brace to support posted (raised) region.	
Entire bottom stabilized with foam sole NOTE: Neutral forefoot alignments will not see foam on toe shelf.	
Entire bottom stabilized with foam sole and non-skid cover	Rush order (adds \$20)

	MEDIAL (Left)  Elastic Anterior Strap  Padding  Instep & Forefoot Straps  Length
	f you don't choose an option, you will receive the <b>Standard</b> .
Posterior Height:	2/4 to 3/4 of leg length Standard Specify:  • Cast height must be greater than brace height •
B. dellar	Shaded areas above are <b>Standard</b>
Padding:	Siladed aleas above are <b>Standard</b>
	Add extra navicular padding (boney pronators only)
Padding Color:	White Standard Other:
Straps:	Standard Add toe abduction strap
Strap Color:	(see drawing)  White Standard Other:
Instep Strap Pattern:	No pattern Other:
Transfer	No Transfer Standard
Pattern: (Outer frame or	nly; additional cost per brace)
Pattern:	Provide Own Pattern
	Toe Shelf
4	Lateral Containment: Plastic

	containment:	Plastic	
Sp	ecial Insti	ructions	
Rush order (adds	\$20)		

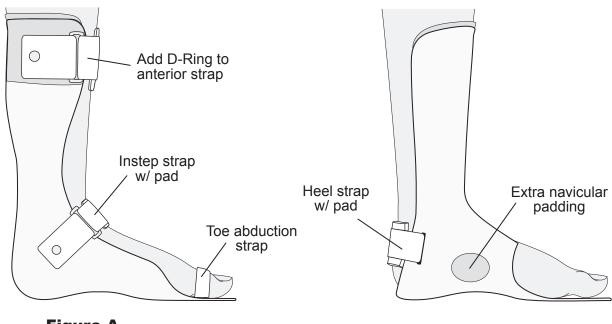


## **Other Items**

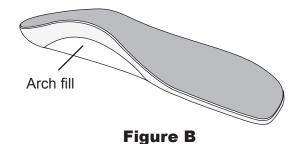


### **More Solutions—Product Options**

Here are illustrations of bracing options that differ visibly from the standard. To see what options are available for what brace, check the order form.







**Options Index** 

Option	Figure
Add D-ring to anterior strap	A
	В
Extra navicular padding	С
Instep strap w/ pad	A
Toe abduction strap	A



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PF resist, DF assist, no dorsal wrap

	L	Construction • Fea	tures a Ontions
<b>.</b>	Last name:	Construction • Fea	tures • Options
atien	First: Male Female	MEDIAL (Left)	ATERAL (Left)
Pa	Date cast: N W		
	Birth date: Bilateral Left only Right only	Non-Stretch Anterior Strap	
	Name: Title:	Posterior	
ī	Facility:	Strut	Height
Practitione	Street address:	Padding	
cţi			
Pra	014		
_	City: State: Zip:		Length —
	Email: Phone:	1	
	Cascade P&O is billing the patient's insurance. —OR—		
	—UCAN N°:	NOTE: If you don't choose an option,	you will receive the Standard.
5)	Billing info is the same as practitioner facility. —OR—	Posterior Height: 2/3 to 3/4 of leg leng	gth Specify:
Billing	Billing facility:	Cast height must be greater	er than brace height •
M	Street address:	Posterior Very Strut:	tandard Semi-rigid
	City: State: Zip:	Stidt.	
	P.O. N° :	Padding: Shaded areas above are S	
		Add extra navicula	ar padding (boney pronators only)
	Shipping contact name:  Shipping contact name:	Padding White Standard	Other:
Shipping	Shipping contact name:	Straps: Standard	Change anterior
hip	Street address:	(see drawing)  Add instep strap	strap to elastic
Ŋ		☐ w/pad	Add toe abduction strap
	City: State: Zip:	Instep Strap Options: Color:	_ Pattern:
	Finished Brace Angles	(if applicable)	
A۱	IKLE ALIGNMENT	Transfer (Additional cost No Trans Pattern: per brace)	fer Standard
	Correct to 3–4° DF Correct to OF Do not correct (Cast alignment OK)	Pattern:	Provide Own Pattern
HII	NDFOOT ALIGNMENT		
L	Correct to vertical (if misaligned) Do not correct	Toe Sh	elf
FC	PREFOOT ALIGNMENT NOTE:  Choose forefoot alignment. Write posting height if needed—in. or mm.	Flexible Standard	□v
RIGHT	He H		
<u>~</u> €		PLASTIC TRIMMED PLA	ASTIC TRIMMED FOAM
_	Valgus Varus Neutral Neutral Varus Valgus	DISTAL TO TOES DIS	ASTIC TRIMMED LEATHER
	<u>,                                    </u>	Special Inst	ructions
	Bottom Stabilization		
	None—Standard NOTE: Varus or valgus forefoot		
	alignments will receive stabilization on bottom of brace to support posted (raised) region.		
Г	NOTE: Neutral forefoot alignments		
	JEntire bottom stabilized with foam sole will not see foam on toe shelf.	Rush order (adds \$20)	



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PF resist, DF assist, Softy liner

	Last name:	Construction • Features • Options
ent	First: Male Female	MEDIAL (Left) LATERAL (Left)
Patient	Date cast: N W	No State
	Birth date: Bilateral Left only Right only	Non-Stretch Anterior Strap
	Name: Title:	Posterior Strut Instep & Forefoot Straps
er	Facility:	Instep & Forefoot Straps
tion	Street address:	Liner
Practitioner		
ď	City: State: Zip:	- Length →
	Email: Phone:	NOTE: If you don't choose an option, you will receive the Standard.
	Cascade P&O is billing the patient's insuranceOR-	Posterior
	—UCAN N°:	Cast height must be greater than brace height •
	☐ Billing info is the same as practitioner facility. —OR—	Posterior V Standard Semi-rigid
Billing	Billing facility:	Inner Liner: Polyethylene Standard
8	Street address:	Co-Poly Foam Color:
	City: State: Zip:	Softy foam (white only)
	P.O. N° :	Add extra navicular padding (boney pronators only)
		Straps: Standard Add toe abduction strap
	Shipping info is the same as practitioner facility. —OR—	(see drawing) Change anterior strap to elastic
oing	Shipping contact name:	Strap White Other:
Shipping	Street address:	Instep Strap Pattern:  No pattern Other:
υ,		Standard
	City: State: Zip:	Transfer No Transfer <b>Standard</b> Pattern:
Α.	Finished Brace Angles	(Outer frame only; additional cost per brace)  Pattern:  Pattern
AI	NKLE ALIGNMENT  Correct to 3–4° DF  Correct to  □DF  Do not correct	
	PF   PF   Cast alignment OK)	Toe Rise and Cuff White Padding Standard Other:
Н	NDFOOT ALIGNMENT  Correct to vertical (if misaligned)  Do not correct	Padding Standard Uner: Color:
FC	DREFOOT ALIGNMENT NOTE:	Toe Shelf—Inner Liner
	Choose forefoot alignment. Write posting height if needed—in. or mm.	Flexible — no containment Medial
RIGHT	30 GH	Standard containment:
ž(		AND/OR Lateral
_	Valgus Varus Neutral Neutral Varus Valgus	containment:
		Special Instructions
	Bottom Stabilization	
	None—Standard  NOTE: Varus or valgus forefoot alignments will receive stabiliza-	
	Heel -OR- Midfoot -OR- Both bion on bottom of brace to support posted (raised) region.	
	Entire bottom stabilized with foam sole WOTE: Neutral forefoot alignments will not see foam on toe shelf.	
	Entire bottom stabilized with foam sole and non-skid cover	Rush order (adds \$20)



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## DAFO° 7

### Minimum control foot orthosis (custom HotDog®)

	For no		e standard prefabricated HotDog form.
		Trimline	
			Foam Comfort Layer
			Cork Supportive Layer  High Density Foam
	Mild Standard	Arch Suppor	t
	Moderate with soft foam)		
	Firm		
	Spe	cial Instruct	tions
F	Rush order (adds \$2	0)	

	Last na	ıme:				
Patient	First:				Male	Female
Pat	Date ca	ıst:			I	N W
	Birth dat	e:		Bilateral [	Left only	Right only
	Name:				Title:	
er	Facility:	:				
Practitioner	Street a	address:				
ract						
ā	City:			State:	Zip:	
	Email:			Phone:		
	Cas	cade P&O is	s billing the p	oatient's ins	surance.	-OR-
	_U	JCAN Nº:				
5	Billi	ing info is t	he same as	practition	er facility.	-OR-
Billing	Billi	ng facility:				
_	Street a	address:				
	City:			State:	Zip:	
	P.O. N	· :				
	Ship	oping info is	the same as	practitione	er facility.	-OR-
Bu	Shippin	g contact na	me:			
Shipping	Street a	address:				
Š						
	City:			State:	Zip:	
			nished B	race An	gles	
CA		RECEIVED  n impressior	ns 🗆 Fib	eralass or r	olaster wrap c	ast
FC	_	T ALIGNME			nacioi map o	
				g height if ne II	eded—in. or mr	n. 
RIGHT		RIGHT	RIGHT	LE LE	LEFT	LEFT
_	Valgus	Varus	Neutral	Neutral	Varus	Valgus
	]					
		E/	oam Con	ofort La	ver	
Co	olor:	Black		Other:	yeı	
		Sta	ndard	_		
			Opt	ions		
	Add Toe Rise Pad					



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### **Hemi**

AFO for CVA-TBI patients, PF resist, DF assist

	I and manuar	Construction • Features • Options
¥	Last name:	•
atiení	First: Male Female	MEDIAL (Left)  LATERAL (Left)
Ба	Date cast: N W	Non-Stretch
	Birth date: Bilateral Left only Right only	Anterior Strap Posterior
	Name: Title:	Strut
ē	Facility:	"Hemi" Style Instep Strap Padding
ion	Street address:	w/ Pad
Practitioner		
Pra	City: State: Zip:	
	Email: Phone:	Length
	Littaii. I HOHE.	
	Cascade P&O is billing the patient's insurance. —OR—	NOTE: If you don't choose an option, you will receive the Standard.
	—UCAN N°:	Posterior
<b>5</b> 1	Billing info is the same as practitioner facility. —OR—	• Cast height must be greater than brace height •
Billing	Billing facility:	Padding: Shaded areas above are Standard
m	Street address:	
	City: State: Zip:	Omit medial pad and / or Omit lateral pad
	P.O. N° :	Padding White Other: Other:
		Standard Change instep strap to non-
	Shipping info is the same as practitioner facility. —OR—	Straps: Change instep strap to non- (see drawing) Hemi (straight) strap w/pad.
pping	Shipping contact name:	The Hemi-style instep strap supports one-handed securing—crosses instep to D-ring on
ipp	Street address:	lateral side, then crosses the lower leg to a Velcro attachment on upper medial side.  Strap
Shi		Color: White Other:
	City: State: Zip:	Transfer (Additional cost No Transfer Standard
	Finished Brace Angles	Provide
A١	IKLE ALIGNMENT	Pattern: Own Pattern
	Correct to 3–4° DF Correct to PF Do not correct (Cast alignment OK)	Trimlines
HII	NDFOOT ALIGNMENT	Trimline A or Trimline B
	Correct to vertical (if misaligned)	Standard Infilling B
FC	PREFOOT ALIGNMENT NOTE:  Choose forefoot alignment. Write posting height if needed—in. or mm.	
		Trimline A  • More Rigid  Trimline B  • More Flexible
RIGHT		More Rigid     Maximum Stability     Moderate Stability
	Valgus Varus Neutral Neutral Varus Valgus	
		Special Instructions
	Bottom Stabilization	
	None—Standard  NOTE: Varus or valgus forefoot alignments will receive stabilization	
Г	on bottom of brace to support posted (raised) region.	
_	NOTE: Neutral forefoot alignments	
	will not see foam on toe shelf.	
		Rush order (adds \$20)



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Regular AFO, PF block

	Last name:	Co	onstruction • Features • Options
<b>Patient</b>	First: Male Female		MEDIAL (Left) LATERAL (Left)
Pat	Date cast: N W		
	Birth date: Bilateral Left only Right only	0	Non-Stretch Anterior Strap with Felt Pad
	Name: Title:		Padding \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Ē	Facility:		Height A Padding
<b>Practitioner</b>	Street address:		
ctit			
Pra	City: State: Zip:		
	Email: Phone:	_	Length —
		NOTE:	If you don't choose an option, you will receive the Standard.
	Cascade P&O is billing the patient's insurance. —OR—	Posterior	□ <sup>2</sup> / <sub>3</sub> to <sup>3</sup> / <sub>4</sub> of leg length □
	—UCAN N°:	Height:	Standard Specify:
<u>ත</u>	Billing info is the same as practitioner facility. —OR—		Cast height must be greater than brace height •
Billing	Billing facility:	Padding:	Shaded areas above are <b>Standard</b>
m	Street address:		Omit medial pad and / or Omit lateral pad
	City: State: Zip:		Add extra navicular padding (boney pronaters only)
	P.O. N° :	Padding Color:	White Standard Other:
	Shipping info is the same as practitioner facility. —OR—	Straps:	Standard (see drawing)  Add toe abduction strap
<u>g</u>	Shipping contact name:		Add Instep strap
Shipping	Street address:	Instep Strap	☐ Add D-fing to anterior strap
Shi		Options: (If applicable)	Color: Pattern:
	City: State: Zip:		delitional and
	Finished Brace Angles		dditional cost No Transfer Standard
1A	NKLE ALIGNMENT	Pattern:	Provide Own Pattern
	Correct to 3–4° DF Correct to OF Do not correct (Cast alignment OK)		Trimlines
н	NDFOOT ALIGNMENT	Trimlin	e A OR Trimline B
	Correct to vertical (if misaligned) Do not correct	Stan	dard —
FC	DREFOOT ALIGNMENT NOTE:  Choose forefoot alignment. Write posting height if needed—in. or mm.		
			Trimline B
RIGHT			More Rigid     Maximum Stability     Moderate Stability
<u> </u>			• Less Bulk in Shoe
Г	Valgus Varus Neutral Neutral Varus Valgus		
			Special Instructions
	Bottom Stabilization		
	None—Standard  NOTE: Varus or valgus forefoot alignments will receive stabilization		
Г	on bottom of brace to support posted (raised) region.		
	NOTE: Neutral forefoot alignments		
	will not see foam on toe shelf.	Rush	rder (adds \$20)



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**Hinged PF block** 

	lax 033.343.0092   www.cascadedato.com			904
	Last name:	Co	nstruction • F	eatures • Options
<b>Patient</b>	First: Male Female		MEDIAL (Left)	LATERAL (Left)
Pat	Date cast: N W		Non-Stretch Layover Anterior St	Padding ————————————————————————————————————
	Birth date: Bilateral Left only Right only		with Felt Pad	Outer Frame Frame Padding
	Name: Title:		Instep & Forefoot Str	raps Padding
er	Facility:	7		Liner
<b>Practitioner</b>	Street address:			Length
rac		NOTE: I	f you don't choose an op	tion, you will receive the <b>Standard</b> .
•	City: State: Zip:	Hinge Type:		Tamarack <b>Standard</b>
	Email: Phone:		Durometer (95 is s	
	Cascade P&O is billing the patient's insurance. —OR—		Straight Tama	rack
	—UCAN N°:	Posterior Height:	☐ <sup>2</sup> / <sub>3</sub> to <sup>3</sup> / <sub>4</sub> of leg	
<b>70</b>	Billing info is the same as practitioner facility. —OR—			greater than brace height •
Billing	Billing facility:	Padding:	Shaded areas above a	
m	Street address:	Doddina		icular padding (boney pronators only)
	City: State: Zip:	Padding Color:	White Standard	Other:
	P.O. N° :	Straps:	Standard (see drawing)	Add toe abduction strap
	Shipping info is the same as practitioner facility. —OR—	Strap	White	Add D-ring/pad to anterior strap
5	Shipping contact name:	Color:	Standard	Other:
Shipping	Street address:	Instep Strap Pattern:	No pattern Standard	Other:
Shi		Transfer Pattern:	No Transfer St	tandard
	City: State: Zip:		nly; additional cost per br	ace)
	Finished Brace Angles	Pattern:		Provide Own Pattern
Αl	NKLE ALIGNMENT		Тое	Shelf
	Correct to 3–4° DF Correct to DF Do not correct (Cast alignment OK)	Outer Frame:	Full-length under plantar surface (for crouching)	Trimmed just proximal to met heads under
НІ	NDFOOT ALIGNMENT		(.e. e.eueg)	heads under plantar surface plantar surface
L	Correct to vertical (if misaligned) Do not correct			Lot
FC	Choose forefoot alignment. Write posting height if needed—in. or mm.			
_	NO 1- NO 1- NO 1. OO 1. OO 1.	Inner Liner:		A A
RIGHT	Market Ma	Flexibl	Madial	
	Valgus Varus Neutral Neutral Varus Valgus		ndard containme	ent: Plastic
	]	(	AND / OR	
	Bottom Stabilization	4	Lateral containme	ent: Plastic
Г	None—Standard NOTE: Varus or valgus forefoot		Special I	nstructions
	alignments will receive stabilization on bottom of brace to support posted (raised) region.			
	Entire bottom stabilized with foam sole NOTE: Neutral forefoot alignments will not see foam on toe shelf.			
	Entire bottom stabilized with foam sole and non-skid cover	Rush or	rder (adds \$20)	



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Hinged PF block, Softy liner

	Last name:	Construction • Features • Options
ient	First: Male Female	MEDIAL (Left) LATERAL (Left)
Patient	Date cast: N W	Non-Stretch Padding Layover Antherior Strap with Felt Pad
	Birth date: Bilateral Left only Right only	Outer Frame Instep & Forefoot Straps Inner
	Name: Title:	Liner
ner	Facility:	← Length ← →
Practitioner	Street address:	NOTE: If you don't choose an option, you will receive the Standard.  Hinge Type: Dorsi-assist Tamarack Standard
rac		Durometer (95 is stiffest):
•	City: State: Zip:	<b>75 d Standard</b> 85 d 95 d
	Email: Phone:	Straight Tamarack
	Cascade P&O is billing the patient's insurance. —OR—	Posterior Height:  % to % of leg length Specify:  • Cast height must be greater than brace height •
	—UCAN N°:	Liner: Softy foam (white only) Standard Polyethylene
50	Billing info is the same as practitioner facility. —OR—	Add extra navicular padding (boney pronators only)
Billing	Billing facility:	Add plastizote to malleoli (recommended w. PE liner)
M	Street address:	
	City: State: Zip:	Straps: Standard Add D-ring/pad to ant. strap  Add toe abduction strap
	P.O. N° :	Strap Color: U Standard Other:
	Shipping info is the same as practitioner facility. —OR—	Instep Strap No pattern Pattern: Standard Other:
5)	<del></del>	Transfer
ping		I I NO Transfer Standard
ē	Street address:	Pattern:
Shipping	Street address:	(Outer frame only; additional cost per brace)  Pottern: Provide Own
Shippi		(Outer frame only; additional cost per brace)
Shippi	City: State: Zip:	Couter frame only; additional cost per brace)  Pattern: Pattern: Provide Own Pattern  Toe Rise and Cuff White
	City: State: Zip:  Finished Brace Angles	Color:  Pattern:  (Outer frame only; additional cost per brace)  Pattern:  Provide Own Pattern  Provide Own Pattern  Other:  Color:
	City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT	Pattern:  (Outer frame only; additional cost per brace)  Pattern:  Pattern:  Provide Own Pattern  Toe Rise and Cuff Padding Color:  Toe Shelf
Al	City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern:  (Outer frame only; additional cost per brace)  Pattern:  Pattern:  Pattern:  Provide Own Pattern  Toe Rise and Cuff Padding Color:  Toe Shelf  Outer Full-length under plantar  Trimmed distal proximal to met.
Al	City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 3-4° DF Correct to PF Do not correct (Cast alignment OK)  NDFOOT ALIGNMENT	Pattern:  (Outer frame only; additional cost per brace)  Pattern:  Pattern:  Pattern:  Provide Own Pattern  Toe Rise and Cuff Padding Color:  Toe Shelf  Outer Full-length Trimmed distal Trimmed just
AI HI	City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern: (Outer frame only; additional cost per brace)
AI HI	City: State: Zip:  Finished Brace Angles  NKLE ALIGNMENT  Correct to 3-4° DF Correct to PF Do not correct (Cast alignment OK)  NDFOOT ALIGNMENT	Pattern: (Outer frame only; additional cost per brace)
AI HI	City: State: Zip:    Finished Brace Angles     NKLE ALIGNMENT     Correct to 3–4° DF	Pattern: (Outer frame only; additional cost per brace)
HI FC	Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern:
HI FC	Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern:
HI FC	Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern:
HI FC	Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Pattern:
HI FC	Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Couter frame only; additional cost per brace)
HI FC	Finished Brace Angles  NKLE ALIGNMENT  Correct to 3–4° DF	Couter frame only; additional cost per brace)
HI FC	Finished Brace Angles  NKLE ALIGNMENT    Correct to 3–4° DF	Couter frame only; additional cost per brace)
HI FC	Finished Brace Angles  NKLE ALIGNMENT    Correct to 3-4° DF	Couter frame only; additional cost per brace)



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### E1 Banana Peel

Fixed position elbow sleeve

First:  Date cast:		
First:	Male Female	
Date cast:		
Birth date:	Bilateral Left only Right only	Cascade P&O is billing the patient's insurance.
Name:	Title:	—UCAN N°:
Facility:		Billing info is the same as practitioner facility.
Street addr	ress:	Billing facility:
		Street address:
City:	State: Zip:	City: State: Zip
Email:	Phone:	P.O. N°:
	Padding Change Tring	
dding	Padding • Straps • Trim	Shipping info is the same as practitioner facility.
adding olor:	White Standard Other:	Shipping contact name:
rap Color:	White Other:	Street address:
ap Pattern:	— Standard —	<u>ν</u>
p r attern.	No pattern         Standard   Other:	City: State: Zip
	Right Arm	Left Arm
	LENGTH	LENGTH
JB/		
,		
		Same
	Sleeve Opening	Special Instructions
Anterior—	-Standard Add full-length opening pad (pad riveted in place along	
Posterior (	dorsal) (pad riveted in place along opening)	
	Cast Information	
Fabricate	as cast (no correction needed) Standard	
	pow angle of cast to (degrees)	
	span from shoulder to just above wrist.	
ngth measur	rement units — English Metric	



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### <sup>№</sup>K1 Banana Peel

Fixed position knee sleeve

	<b>_</b>	tax 855.543.0092   www.cascadedato.com	i ixeu position kniec siecve
	Last name:		
Patient	First:	Male Female	
Pat	Date cast:		
	Birth date:	Bilateral Left only Right only	Cascade P&O is billing the patient's insurance. —OR—
	Name:	Title:	—UCAN N°:
Jer	Facility:		☐ Billing info is the same as practitioner facility. —OR—
itior	Street addre	SS:	Billing facility:
Practitioner			Street address:
۵	City:	State: Zip:	City: State: Zip:
	Email:	Phone:	P.O. N° :
		Padding • Straps • Trim	Shipping info is the same as practitioner facility. —OR—
Pa Co	dding olor:	White Standard Other:	
St	rap Color:	White Standard Other:	Street address:
Stı	rap Pattern:	No pattern Standard Other:	City: State: Zip:
	LEN	GTH Cast Information	Special Instructions
	Fabricate a	as cast (no correction needed) Standard	
	Correct kne	ee angle of cast to (degrees)	
• (	Cast should s	pan from high on thigh to just above the malleoli.	
Le	ngth measure	ement units— English Metric	



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### <sup>8</sup>K3 Knee Brace

Hinged knee extension orthosis

First:	DIAL (Left) LATERAL (Left)
Birth date:	
Birth date:	
	Velcro
	Anterior Soft Straps Proximal Edge
Facility:	
Facility: Street address:  Known City:  Know	Adjustable
	Rachet Solution
	ee Pad
Email: Phone:	
	Foam ner Outer O
—UCAN N°:	\\\
Billing info is the same as practitioner facility. —OR—	rior \  \)   O  💣
Billing facility:	Soft Distal
Street address:	Edge
City: State: Zip:	
P.O. N° :	
Shipping info is the same as practitioner facility. –OR–	
Liner	• Straps • Transfer
Street address:  Street address:  Strap  White  Strap  White	Black ard
	Other:
City: State: Zip:	
	No Transfer <b>Standard</b>
Pattern: per brace)	
Measurement Information	Provide Own Pattern
Measurement Information  Order must include a <u>cast</u> that spans from near groin to malleolus.  Pattern: per brace)  Pattern: per brace)	Provide Own Pattern
Measurement Information  Order must include a cast that spans from near groin to malleolus.  Right Leg  Knee center to  Pattern: per brace)  Pattern: per brace)  Pattern: per brace)  Set Left Leg	Provide Own Pattern  pecial Instructions
Measurement Information  Order must include a cast that spans from near groin to malleolus.  Right Leg  Knee center to plantar heel  Pattern: per brace)  Pattern: per brace)  Pattern: per brace)  Set Leg  Pattern: per brace)	Own Pattern
Measurement Information  Order must include a cast that spans from near groin to malleolus.  Right Leg  Knee center to  Pattern: per brace)  Pattern: per brace)  Set Left Leg	Own Pattern
Measurement Information  Order must include a cast that spans from near groin to malleolus.  Right Leg  Knee center to plantar heel  LEG  Pattern: per brace)  Pattern: per brace)  Set Leg	Own Pattern
Measurement Information  Order must include a cast that spans from near groin to malleolus.  Right Leg  Knee center to plantar heel  LEG  LENGTH  Pattern: per brace)  Pattern: per brace)  Set Less contents to plantar heel	Own Pattern
Measurement Information  Order must include a cast that spans from near groin to malleolus.  Right Leg  Knee center to plantar heel  LEG  LENGTH  Pattern: per brace)  Pattern: per brace)  Set Less contents to plantar heel	Own Pattern
Measurement Information  Order must include a cast that spans from near groin to malleolus.  Right Leg  Knee center to plantar heel  LEG  LENGTH  Pattern: per brace)  Pattern: per brace)  Set Description of the per brace of the	Own Pattern
Measurement Information  Order must include a cast that spans from near groin to malleolus.  Right Leg  Knee center to plantar heel  LEG  LENGTH  Pattern: per brace)  Pattern: per brace)  Set Less contents to plantar heel	Own Pattern
Measurement Information  Order must include a cast that spans from near groin to malleolus.  Right Leg  Knee center to plantar heel  LEG  LENGTH  Pattern: per brace)  Pattern: per brace)  Set Less contents to plantar heel	Own Pattern



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#### **Knee Ankle Foot Orthotic**

ı	Last name:	Con	nstruction • Features • Options				
Patient	First:		IGHT MEASUREMENTS / MEDIAL				
Pa Ba	Date cast:	All measurements in	n millimeters (mm) (Left)				
	Birth date: Bilateral Left only Right only	Lateral Height					
	Name: Title:	Medial Height	D-Ring Anterior				
Jer	Facility:	rieigiit	Strap				
<b>Practitioner</b>	Street address:						
ract		Knee					
•	City: State: Zip:	Center	Knee Joint				
	Email: Phone:		D-Ring				
	Cascade P&O is billing the patient's insurance. —OR—		Anterior				
	—UCAN N°:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
<u></u>	Billing info is the same as practitioner facilityOR-		Strap				
Billing	Billing facility:						
	Street address:						
	City: State: Zip:						
	P.O. N° :		Knee Joint				
	Shipping info is the same as practitioner facility. —OR—	Hinge Style:	Free (Overlapped / Riveted)				
ng	Shipping contact name:	0.1,.0.	Drop Lock				
Shipping	Street address:		Off-set free motion				
Ś			Step lock				
	City: State: Zip:		Adjustable ring lock				
		Additional	Quick release lever*				
AF	NOTE: If you don't choose an option, you will receive the <b>Standard</b> .  **NOTE: Choose ONE of the four AFO styles below and	Details: *additional	Quick disconnect*				
	/le: include the corresponding order form.	cost items	Knee pad*				
	DAFO Turbo <b>Standard</b>		Growth extension bar*				
	DAFO Turbo Softy	Knee	(Cast alignment OK)				
	DAFO Hinged Turbo	Alignments:	Set Knee Flexion to° Do not correct				
	DAFO Tami2		Correct Knee Varus/Valgus to Neutral? Yes No				
	☐ DAFO R		Page 1 of 2  **Page 2 is the chosen AFO corresponding order form				
	Special Instructions	Please N	lote: A KAFO with a knee center height greater than 18" must be ordered				
			with a cast, not a digital scan.				

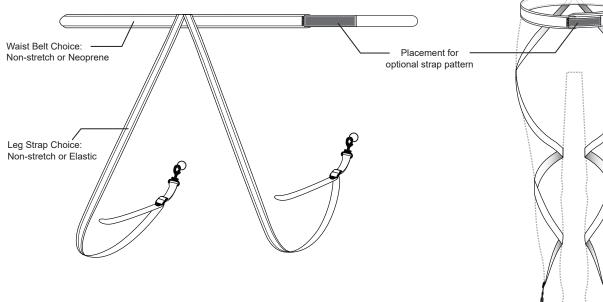


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## **Twister Straps**

**De-rotation straps** 

ı	Last name:				Construction • Features • Options
<b>Patient</b>	First:			NO	TE: If you don't choose an option, you will receive the <b>Standard</b> .
Δ.	Birth date:	Male	Female		Measurements
	Name:	Title:		Waist M	easurement (mm):
er	Facility:				lateral malleolus (mm): Left: Right:
tion	Street address:			vvaist to	Straps
<b>Practitioner</b>				Waist	— Non Stratch — Noopropo
4	City: State:	Zip:		Belt:	Standard (color will match leg strap) Neopherie
	Email: Phone:			Strap Pattern:	No Pattern Standard Other: See illustration below for placement
Billing	Cascade P&O is billing the patient's insur  —UCAN N°:  Billing info is the same as practitioner  Billing facility:  Street address:  City: State:  P.O. N°:		-OR-	Leg Strap: choose one	Non-Stretch Strap  White Standard Black Beige  Elastic Strap White Standard Black Special instructions
	Shipping info is the same as practitioner f	acility.	-OR-		
ping	Shipping contact name:				
Shipping	Street address:				
	City: State:	Zip:			Rush order (adds \$20)
۸/۵:	A Dut Obside				



Example:



# **Accessories and Supplies**





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### **Casting Supplies**

#### **Footplate sizes**

Available in .25-in. (.64 cm) increments from 4.00 in. (10.2 cm) to 10.75 in. (27.3 cm), in Narrow and Wide.

Item		Desc	ript	ion, Siz	es				Quantity	/
Casting Footplates	Qty Size	N	W	Qty	Size	N	W			
individual pairs	Qty Size		W	Qty	Size	N	W	1		
Casting Footplates full set	All sizes, narrow and wi	de—56 pa	airs to	tal						
Stockinette, 2 in.	by the yard									
	by the box (25 yards)									
Fiberglass casting tape, 2 in.	by the roll									
	by the box (10 rolls)	by the box (10 rolls)								
Fiberglass casting tape, 3 in.	by the roll	by the roll								
	by the box (10 rolls)									
Hook-blade casting knife	Standard utility knife with hooked blade									
Extra hooked blades	Package of 5 double-sided blades									
Black tape	by the roll									
Bio-Foam impression slab	For taking foot impressi Slab is 13¾ in.(35 cm) one slab per box. (by the	د 5% in.(15	5 cm)	x 2¼ in.(5	i.7 cm).					
Nitrile gloves	100 gloves per box.									
	In Quantity column, writ	e box cou	nt of e	each size.				sm	med	large
Channel buffer strip	in 20-in. (50.8 cm) strips									
	by the inch (2.54 cm)									
Scissors	Surgical scissors with a	ngled blad	les.							
	For carrying your DAFO of grab handles, adjustable 17 in.(43.18 cm) x 8 in.(	shoulder s	trap, a	and multiple	e interior and e	•	•			

For current prices and shipping information, please call our Customer Support department:

Zip:

800.848.7332

	Billing			Shipping
PO #:			Same as Billi	ng Information
Name:			Shipping contact nar	me:
Facility:			Street address:	
Street address:			City:	State:
City:	State:	Zip:	Phone:	Email:
Phone:	Email:			