TO ORDER— 1) SAVE to desktop 2) Fill in eForm 3) Print and send with the patient's cast to Cascade
OR, fill in your order details at orders.cascadedafo.com

Clear Form Data

CASCADE dafo

Cascade Dafo, Inc.
1360 Sunset Ave, Ferndale, WA 98248
ph 800.848.7332 | **intl** +1 360 543 9306
fax 855.543.0092 | **www.cascadedafo.com**

DAFO 4

PF free, DF free

Patient

Last name:
First name:
Birth date: ☐ Bilateral ☐ Left ☐ Right
Date cast:

Practitioner

Last Name:
First Name:
Title/Credentials:
Email: Phone:

Billing

Customer/Business name:
Street address:
City: State: Zip:
PO# / UCAN#:

Shipping

☐ Shipping info is the same as Billing info. **–OR–**
Shipping contact name:
Facility name:
Street address:
City: State: Zip:

Finished Brace Angles

ANKLE ALIGNMENT (Dorsiflexion-Plantarflexion)

☐ Correct to 3-4° DF ☐ Correct to _____° ☐ DF ☐ PF ☐ Do not correct *(cast alignment OK)*

HINDFOOT ALIGNMENT

☐ Correct to vertical (if misaligned) ☐ Do not correct

FOREFOOT ALIGNMENT **NOTE:** Drawings show finished orthosis

Choose forefoot alignment. Write posting height if needed– in. or mm.

RIGHT	RIGHT	RIGHT	LEFT	LEFT	LEFT
Valgus	Varus	Neutral	Neutral	Varus	Valgus
☐ ____	☐ ____	☐	☐	☐ ____	☐ ____

☐ Do not correct - keep as cast. ☐ Do not correct - keep as cast.

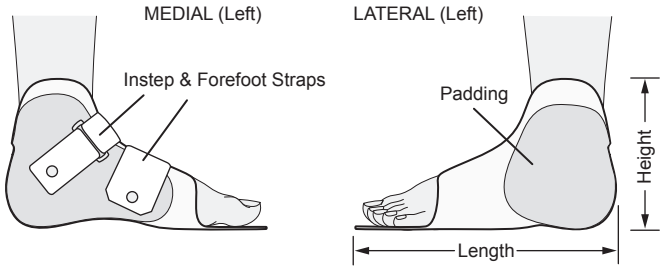
Bottom Stabilization

☐ None– **Standard**
☐ Heel **-OR-** ☐ Midfoot **-OR-** ☐ Both **-OR-**
☐ Entire bottom stabilized with foam sole **-OR-**
☐ Entire bottom with non-skid cover only **-OR-**
☐ Entire bottom stabilized with both foam sole **and** non-skid cover

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

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

Construction | Features | Options



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

Height: ☐ Above malleoli **(Standard)** ☐ Specify: _____
NOTE: Cast height must be greater than brace height.

Padding: Shaded areas above are **Standard**
☐ Add extra navicular padding *(boney pronators)*

Padding Color: ☐ White **(Standard)** ☐ Other: _____

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

Add Anterior Strap: ☐ Non-stretch **-OR-** ☐ Elastic

Add Posterior Strap: ☐ Non-stretch **-OR-** ☐ Elastic

NOTE: straps will increase brace hieght

Strap Color: ☐ White **(Standard)** ☐ Other: _____

Instep Strap Pattern: ☐ No pattern **(Standard)** ☐ Other: _____

Transfer Pattern: ☐ No Transfer **(Standard)**
☐ Pattern: _____
NOTE: Additional cost per brace.

Toe Shelf

☐ **Flexible —** no containment **Standard**

Medial containment: ☐ Soft foam (flexible) ☐ Plastic

AND / OR

Lateral containment: ☐ Soft foam (flexible) ☐ Plastic

Special Instructions

☐ **Rush order** (adds $20)

Thank you!

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