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÷	Last name:						
Patient	First name:						
Pai	Birth date:	Bilateral	Left	Right			
	Date cast:						
ler	Last Name:						
tior	First Name:						
Practitioner	Title/Credentials:						
Pr	Email: Phone:						
	Customer/Business name:						
5	Street address:						
Billing							
8	City:	State:		Zip:			
	PO# / UCAN#:						
	Shipping info is the same as Bil	ling info.		-OR-			
	Shipping contact name:						
ping	Facility name:						
Shipping	Street address:						
S							
	City:	State:		Zip:			
Finished Brace Angles							
AN	KLE ALIGNMENT (Dorsiflexion-F	Plantarflexion)					
Correct to 3-4° DF Correct to° DF Do not correct							
(cast alignment OK)							
		to° 🗍					
			(cas				
	NDFOOT ALIGNMENT Correct to vertical (if misaligned)	Do not co	rrect	st alignment OK)			
	NDFOOT ALIGNMENT Correct to vertical (if misaligned) REFOOT ALIGNMENT	Do not co	rrect s show finishe	st alignment OK)			
	NDFOOT ALIGNMENT Correct to vertical (if misaligned)	Do not co	rrect s show finishe	st alignment OK)			
	NDFOOT ALIGNMENT Correct to vertical (if misaligned) REFOOT ALIGNMENT	Do not col NOTE: Drawing:	rrect s show finishe	st alignment OK)			
LIGHT PO	NDFOOT ALIGNMENT Correct to vertical (if misaligned) REFOOT ALIGNMENT Choose forefoot alignment. Write	Do not col	rect s show finishe needed- in.	d orthosis or mm.			
BOJ	NDFOOT ALIGNMENT Correct to vertical (if misaligned) REFOOT ALIGNMENT Choose forefoot alignment. Write	Do not col NOTE: Drawing:	rrect s show finishe needed- in.	d orthosis			
BOJ	NDFOOT ALIGNMENT Correct to vertical (if misaligned) REFOOT ALIGNMENT Choose forefoot alignment. Write	Do not col	rect s show finishe needed- in.	d orthosis or mm.			
BOJ	NDFOOT ALIGNMENT Correct to vertical (if misaligned) REFOOT ALIGNMENT Choose forefoot alignment. Write	Do not con NOTE: Drawing: posting height if	rrect s show finisher needed- in.	d orthosis or mm.			
BOJ	NDFOOT ALIGNMENT         Correct to vertical (if misaligned)         REFOOT ALIGNMENT         Choose forefoot alignment. Write         Image: Choose forefoot alignment is the second	Do not con NOTE: Drawing: posting height if	rrect s show finisher needed- in.	d orthosis or mm. Valgus			
BOJ	NDFOOT ALIGNMENT         Correct to vertical (if misaligned)         REFOOT ALIGNMENT         Choose forefoot alignment. Write         Image: Choose forefoot alignment is the second	Do not cor NOTE: Drawing posting height if Neutral Do not	rrect s show finisher needed- in.	d orthosis or mm. Valgus			
BOJ	NDFOOT ALIGNMENT         Correct to vertical (if misaligned)         REFOOT ALIGNMENT         Choose forefoot alignment. Write         Image: Strategy of the strategy	Do not cor NOTE: Drawing posting height if Neutral Do not	rrect s show finisher needed- in.	d orthosis or mm. Valgus			
BOJ	NDFOOT ALIGNMENT Correct to vertical (if misaligned) REFOOT ALIGNMENT Choose forefoot alignment. Write U U U U U U U U U U U U U U U U U U U	Do not cor NOTE: Drawings posting height if Weutral Do no tabilization	rrect s show finisher needed- in.	d orthosis or mm. Valgus			
BOJ	NDFOOT ALIGNMENT         Correct to vertical (if misaligned)         REFOOT ALIGNMENT         Choose forefoot alignment. Write         Image: Construct on the state of t	Do not con NOTE: Drawing: posting height if Weutral Do not tabilization Both -OR- sole -OR-	rrect s show finisher needed- in.	d orthosis or mm. Valgus			
BOJ	NDFOOT ALIGNMENT Correct to vertical (if misaligned) REFOOT ALIGNMENT Choose forefoot alignment. Write Choose forefoot alignment. Write U U U U U U U U U U U U U U U U U U U	Do not cor NOTE: Drawing: posting height if Weutral Do not tabilization	rrect s show finishe needed- in. Varus	d orthosis or mm. Valgus			
	NDFOOT ALIGNMENT         Correct to vertical (if misaligned)         REFOOT ALIGNMENT         Choose forefoot alignment. Write         Image: Standard         Yarus         Yarus         Neutral         Image: Standard         Heel -OR-         Image: Standard         Heel -OR-         Image: Standard         Entire bottom stabilized with foam stabilized with both foam	Do not con NOTE: Drawings posting height if Neutral Do not tabilization	rrect s show finishen needed- in. Varus varus ot correct - k	d orthosis or mm. Valgus Leep as cast.			
	NDFOOT ALIGNMENT Correct to vertical (if misaligned) REFOOT ALIGNMENT Choose forefoot alignment. Write Choose forefoot alignment. Write U U U U U U U U U U U U U U U U U U U	Do not cor NOTE: Drawing: posting height if Weutral Do not Neutral Do not tabilization Both -OR- sole -OR- only -OR- boam sole and not ments will receivaised) region	rrect s show finisher needed- in. Varus Varus ot correct - k	d orthosis or mm. Valgus Leep as cast.			

## **Construction | Features | Options** MEDIAL (Left) LATERAL (Left) Instep & Forefoot Straps Padding Height 0 0 Length NOTE: If you don't choose an option, you will receive the Standard. Above malleoli (Standard) Height: 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 NOTE: straps will increase brace hieght Add Posterior Non-stretch Elastic -OR-

Strap	):			:
Strap Coloi		White (Standard	<b>d)</b> Other:	• 
Transfer Dattern:		No Transfer <b>(Stan</b>	dard)	
Pa		Pattern:		
	NOTE: Additional cost per brace.			
		Тое	Shelf	
	Flexible — no containmen	t Medial	Soft foam (flexible)	113
		containment	Plastic	10
	L S	AND / OR	Soft foam (flexible)	1
	$\Theta$	containment	Plastic	1CS

Special	Instructions			
Rush order (adds \$20)				
Thank you!				



## PF free, DF free