

**Patient**

Last name: \_\_\_\_\_

First: \_\_\_\_\_  Male  Female

Date cast: \_\_\_\_\_  N  W

Birth date: \_\_\_\_\_  Bilateral  Left only  Right only

**Practitioner**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Billing**

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° :** \_\_\_\_\_

**Shipping**

Shipping info is the same as practitioner facility. **-OR-**

Shipping contact 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  Valgus <input type="checkbox"/>	RIGHT  Varus <input type="checkbox"/>	RIGHT  Neutral <input type="checkbox"/>	LEFT  Neutral <input type="checkbox"/>	LEFT  Varus <input type="checkbox"/>	LEFT  Valgus <input type="checkbox"/>
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### Bottom Stabilization

**None—Standard**

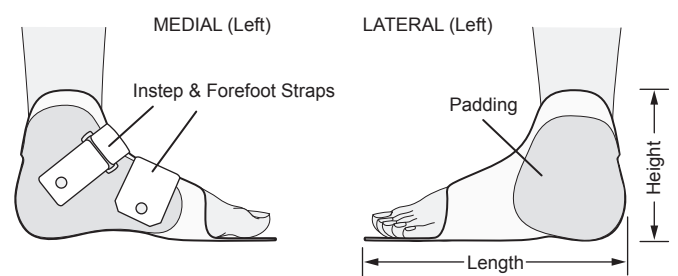
Heel **-OR-**  Midfoot **-OR-**  Both

Entire bottom stabilized with foam sole

Entire bottom stabilized with foam sole and non-skid cover

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

### Construction • Features • Options



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

**Height:**  Above malleoli **Standard**  Specify: \_\_\_\_\_

• Cast height must be greater than brace height •

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

Add extra navicular padding (bony pronators only)

**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

straps will increase height

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

**Instep Strap Pattern:**  **No pattern Standard**  Other: \_\_\_\_\_

**Transfer** (Additional cost per brace)  **No Transfer Standard**

Pattern: \_\_\_\_\_  Provide Own Pattern

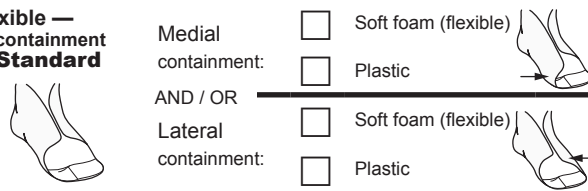
### Toe Shelf

**Flexible — no containment Standard**

Medial containment:  Soft foam (flexible)  Plastic

AND / OR

Lateral containment:  Soft foam (flexible)  Plastic



### Special Instructions

**Rush order** (adds \$25)