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® E1 Banana Peel

Fixed position elbow sleeve

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:

Cast Information:

☐ Fabricate as cast - no correction needed **(Standard)**

☐ Correct elbow angle of cast to _____ (degrees)

NOTE: Cast should span from shoulder to just above wrist.

NOTE: Length measurements above are for finished elbow sleeve.

Length measurement units — ☐ English ☐ Metric

Construction | Features | Options

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

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

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

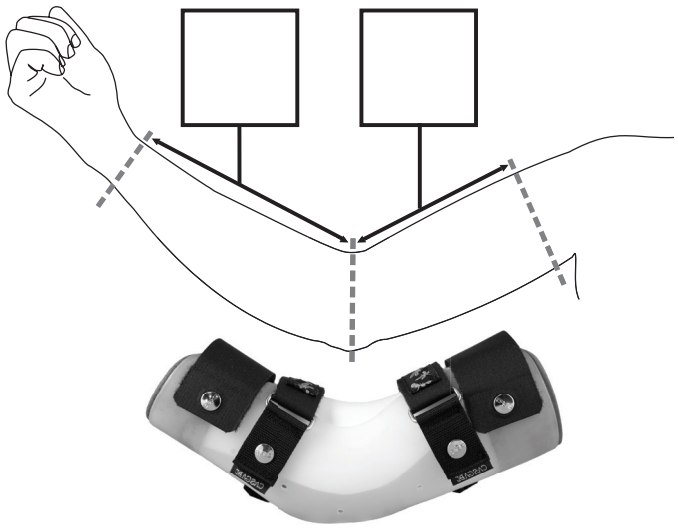
Strap Pattern:
☐ No Pattern **(Standard)**
☐ Other: _____

Sleeve Opening:
☐ Anterior **(Standard)**
☐ Posterior (dorsal)
☐ Add full-length opening pad
(pad riveted in place along opening)

Special Instructions

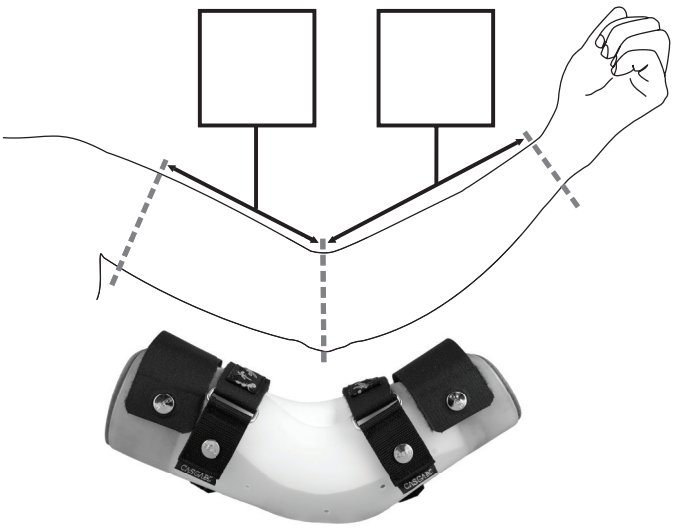
Right Arm

LENGTH



Left Arm

LENGTH



Thank you!

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