

Cascade Dafo, Inc.

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E1 Banana Peel

Fixed position elbow sleeve

	Last name: First name:				Construction Features Options NOTE: If you don't choose an option, you will receive the Standard.		
ient							
Patient	Birth date:	Bilateral	Left	Right	Padding	White (Standard)	
	Date cast:				Color:	Write (Standard)	
Practitioner	Last Name:					Other:	
	First Name:				Strap Color:	White (Standard)	
	Title/Credentials:					Other:	
	Email: Phone:				Sleeve	Anterior (Standard)	
Billing	Customer/Business name:				Opening:		
	Street address:					Posterior (dorsal)	
						Add full-length opening pad (pad riveted in place along opening)	
m	City:	State:		Zip:			
	PO# / UCAN#:						
Shipping	☐ Shipping info is the same as Billing info. —OR—			-OR-			
	Shipping contact name:						
	Facility name:					Special Instructions	
	Street address:						
	City:	State:		Zip:			
Cast Information: Fabricate as cast - no correction needed (Standard)							
Correct elbow angle of cast to (degrees)				es)			
NOTE: Cast should span from shoulder to just above wrist.				ve wrist.			
NOTE: Length measurements above are for finished elbow sleeve.				ed elbow sleeve.			
	Length measurement units — English Metric						
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Right Arm

LENGTH

Left Arm

