CASCADE dafo

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DAFO® E1 Banana Peel

Reset Form

PATIENT

Last Name:	
First Name:	
DOB:	◯ Bilateral ◯ Left ◯ Right

PRACTITIONER

Name:	Title:
Email:	
Phone:	

BILLING ☐ RUSH ORDER($)

Name:	
Address:	
City:	State: Zip:
PO#:	

SHIPPING ☐ Same as Billing

Name:	
Facility:	
Address:	
City:	State: Zip:

NOTE: If no options are selected, you will receive the ***DAFO Standard*** (see illustration).

POSITION OF FUNCTION

ELBOW ANGLE:

◯ ***Do Not Correct*** ◯ Specify: _____ ° *(degrees)*

ELBOW-TO-SHOULDER LENGTH:

Specify: _____ ***mm***

ELBOW-TO-WRIST LENGTH:

Specify: _____ ***mm***

CONTROL

OUTER FRAME:

◯ ***Polyethylene*** ◯ CoPoly

Polyethylene is the standard for small braces
CoPoly is the standard for large braces

SLEEVE OPENING:

◯ ***Anterior*** ◯ Posterior

COMFORT

FULL-LENGTH OPENING PAD:

◯ ***None*** ◯ Add Tongue Pad

COSMETIC

ALIPLAST PAD COLOR:

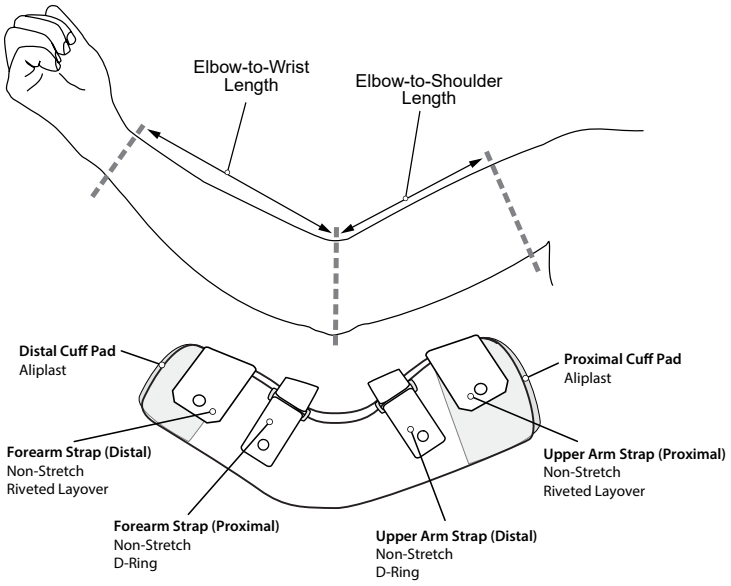
◯ ***White*** ◯ Specify: _____

STRAP COLOR:

◯ ***White*** ◯ Specify: _____

TRANSFER *(Only applicable with CoPoly frame)*:

◯ ***None*** ◯ Specify: _____



ADDITIONAL INSTRUCTIONS