

 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

K1 Banana Peel

Fixed position knee sleeve

	Last name: Construction Features Options			nstruction Features Options	
Patient	First name:	NOTE	NOTE: If you don't choose an option, you will receive the Standard.		
Pal	Birth date:	Padding Color:		White (Standard)	
	Date cast:	Color:			
Practitioner	Last Name:			Other:	
	First Name:	Strap Color:		White (Standard)	
	Title/Credentials:			Other:	
	Email: Phone:				
5	Customer/Business name:				
	Street address:				
Billing					
8	City: State: Zip:			Special Instructions	
	PO# / UCAN#:				
Shipping	□ Shipping info is the same as Billing info. –OR–				
	Shipping contact name:				
	Facility name:				
	Street address:				
•,					
	City: State: Zip:				
	Correct knee angle of cast to(degrees) NOTE: Cast should span from thigh to just above malleoli. NOTE: Length measurements above are for finished knee sleeve. Length measurement units — English Metric Right Leg LENGTH		4	Left Leg	
	RL 1		A B B B B B B B B B B B B B B B B B B B	LL 1	
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