TO ORDER— 1) SAVE to desktop 2) Fill in eForm 3) Print and send with the patient's cast to Cascade

Clear Form Data

CASCADE dafo

Cascade Dafo, Inc.
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DAFO® K2 HoundDog

Adjustable knee extension brace

Patient

Last name:

First: ☐ Male ☐ Female

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:

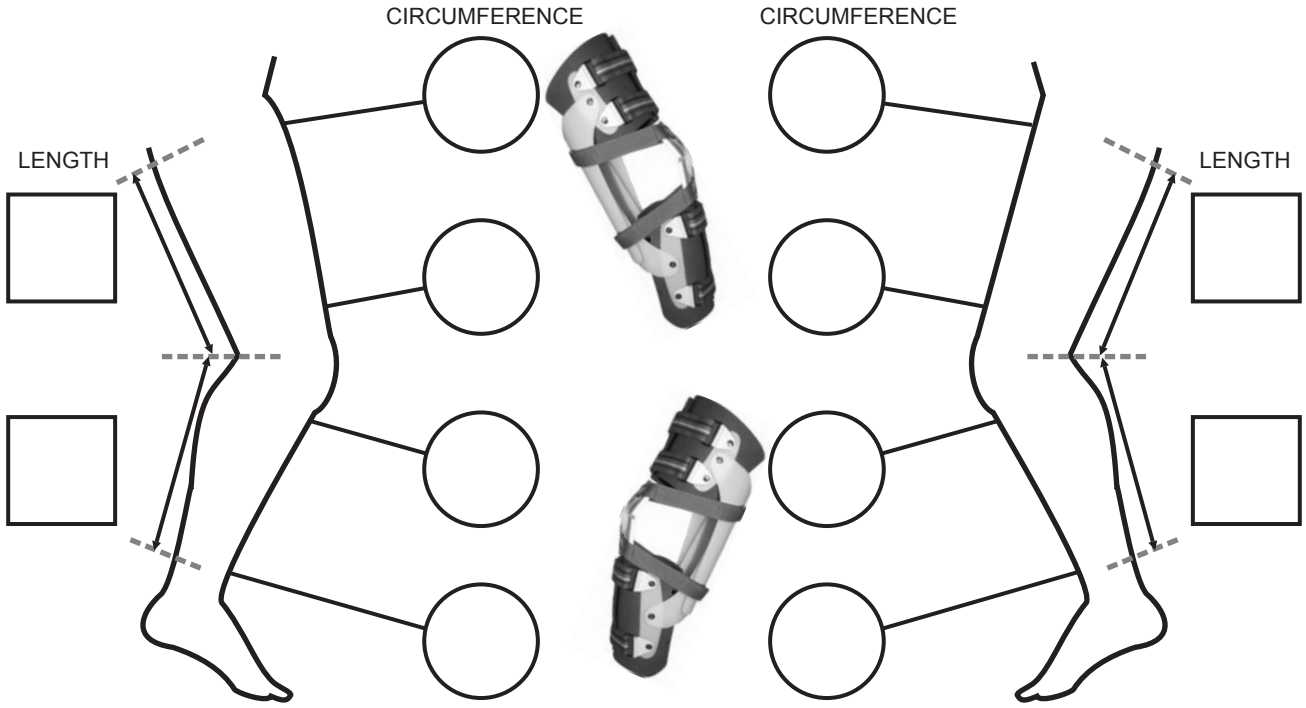
Street address:

City: State: Zip:

Padding • Straps • Trim		
Padding Color:	☐ **White Standard**	☐ Other: _____
Strap Color:	☐ **White Standard**	☐ Other: _____
Strap Pattern:	☐ **No pattern Standard**	☐ Other: _____

Right Leg

Left Leg



Measurement Information

☐ Ordered from measurements only (recommended)

Measurement units — ☐ English ☐ Metric

☐ Ordered from cast (span from near groin to malleolus)

Special Instructions

Thank you!