

## Cascade Dafo, Inc.

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## **Knee Ankle Foot Orthotic**

+	Last name:		Construction   Features   Options
Patient	First name:		
Pa	Birth date: Bilateral Left	Right	LATERAL
	Date cast:		(Right)
ner	Last Name:		
it io	First Name:		
<b>Practitioner</b>	Title/Credentials:		D-Ring Anterior
٦	Email: Phone:		Strap
9	Customer/Business name:		
	Street address:		MM
Billing			
M	City: State: Zip	ip:	Knee Joint
	PO# / UCAN#:		D-Ring D-Adaptive
Shipping	☐ Shipping info is the same as Billing info.	-OR-	Anterior Strap
	Shipping contact name:		Instep
	Facility name:		Strap
škip	Street address:		Layover Forefoot Strap
•,			Strap
	City: State: Zip	ip:	
	NOTE: If you don't choose an option, you will receive the Standa		Knee Joint
AF Sty	**NOTE: Choose ONE of the five AFO styles below include the corresponding order form.	w and Hinge Style:	Off-set JMS Upright
-	DAFO Turbo (Standard)		Drop Lock
	DAFO Turbo Softy		Posterior Off-set Free Motion
	DAFO Tami2		Step Lock
	DAFO R		Adjustable Ring Lock
	DAFOR	Additional	
		Details:	Quick release lever*
	FLOOR TO HEIGHT MEASUREMENTS  All measurements in millimeters (mm)	*NOTE: additional	Quick disconnect*
		cost items.	Knee pad*
	Lateral Height		Growth extension bar*
	Medial Medial	Knee Alignments:	Set Knee Flexion to ° Do not correct (cast alignment OK)
	Height	<b>g</b>	Correct Knee Varus/Valgus to Neutral Yes No
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			Special Instructions
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\*\*Page 2 is the chosen AFO corresponding order form