CASCADE dafo

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# DAFO® Softback™

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

**BRACE HEIGHT:**

***Standard*** *(Specified heights are not applicable)*

**BRACE LENGTH:**

◯ ***Standard*** ◯ Specify: _____ mm

**ANKLE ALIGNMENT:**

◯ 3° DF ◯ _____ ° DF ◯ _____ ° PF ◯ Do Not Correct

**HINDFOOT ALIGNMENT:**

◯ Vertical ◯ Correct Halfway ◯ Do Not Correct

**FOREFOOT ALIGNMENT:**

◯ Neutral ◯ Varus: _____ mm ◯ Valgus: _____ mm
◯ Do Not Correct

## STABILITY

**STABILIZATION:**

◯ ***None*** ◯ Heel ◯ Midfoot ◯ Heel-to-Midfoot ◯ Heel-to-Toe

**NON-SKID:**

◯ ***None*** ◯ Vibram

## CONTROL

**LATERAL MET. HEAD** *(TRIMLINE)*:

◯ ***At Met. Head*** ◯ Distal ◯ Proximal ◯ Long Containment

**MEDIAL MET. HEAD** *(TRIMLINE)*:

◯ ***At Met. Head*** ◯ Distal ◯ Proximal ◯ Long Containment

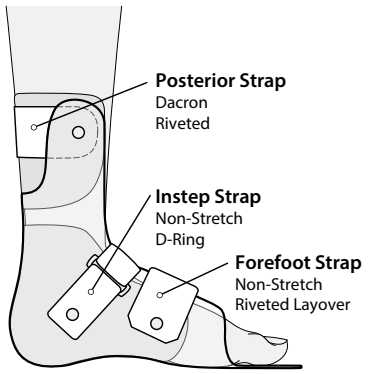
**SOFT CONTAINMENT:**

◯ ***None*** ◯ Lateral ◯ Medial ◯ Lateral & Medial

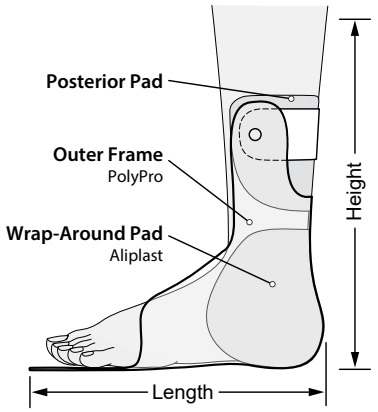
**TOE RISE:**

◯ ***Toe Rise*** ◯ Toe Rise w/ Abduction Strap

MEDIAL (Left)




LATERAL (Left)




## COMFORT

**TALUS & NAVICULAR PADDING:**

◯ ***None*** ◯ Add PPT

## COSMETIC

**ALIPLAST PAD COLOR:**

◯ ***White*** ◯ Specify: _____

**STRAP COLOR:**

◯ ***White*** ◯ Specify: _____

**TRANSFER:**

◯ ***None*** ◯ Specify: _____

## ADDITIONAL INSTRUCTIONS