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.
1360 Sunset Ave, Ferndale, WA 98248
ph 800.848.7332 | **intl** +00 1 360 543 9306
fax 855.543.0092 | **www.cascadedafo.com**

DAFO® T1 ThumbThing

Hand control orthosis

Patient

Last name:

First: ☐ Male ☐ Female

Date cast:

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:

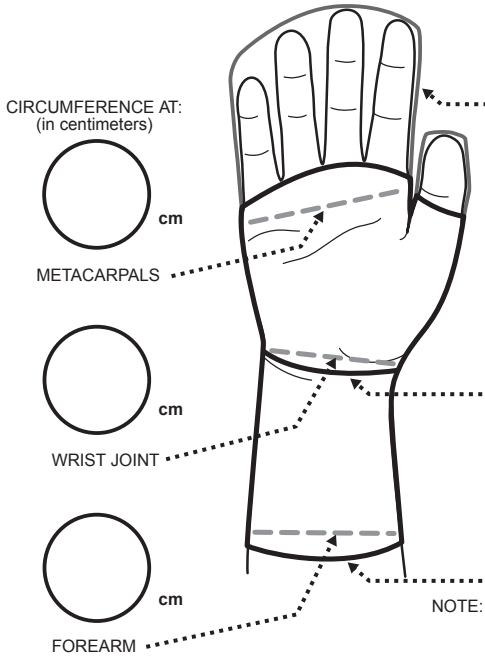
Trimlines • Options

☐ **Trimline A—**Stabilizes hand and thumb. Trimmed at wrist. **- OR -** ☐ **Trimline B—**Stabilizes hand, thumb, and wrist. Trimmed at forearm.

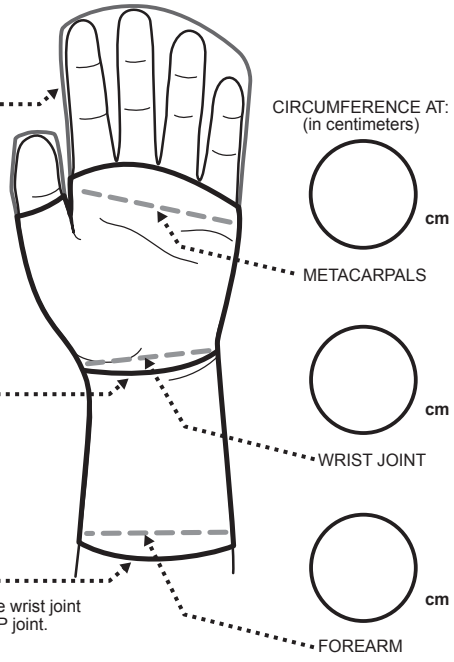
☐ Extend distal trimlines to finger length (Trimline A or Trimline B).

Strap color: ☐ White **Standard** ☐ Other: _____

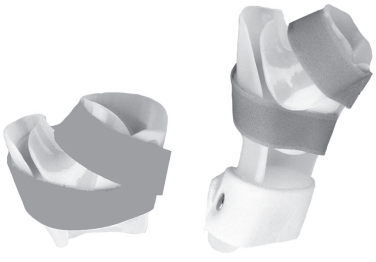
Right Hand



Left Hand



NOTE: Standard distance from Trimline B to the wrist joint is the same as from the wrist joint to MP joint.



Trimline A Trimline B

Special Instructions

☐ **Rush order** (adds $25)

Thank you!