

## PATIENT

|             |           |      |       |
|-------------|-----------|------|-------|
| Last Name:  |           |      |       |
| First Name: |           |      |       |
| DOB:        | Bilateral | Left | Right |

## BILLING

## RUSH ORDER(\$)

|          |        |      |  |
|----------|--------|------|--|
| Name:    |        |      |  |
| Address: |        |      |  |
| City:    | State: | Zip: |  |
| PO#:     |        |      |  |

## PRACTITIONER

|        |        |
|--------|--------|
| Name:  | Title: |
| Email: |        |
| Phone: |        |

## 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** Specify: \_\_\_\_\_ mm

### 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

### INNER LINER:

**Polyethylene** Softy Foam OP Flex (\$) No Liner

### HINGE:

**Straight Tamarack** 75d Dorsi-Assist Tamarack  
85d Dorsi-Assist Tamarack 95d Dorsi-Assist Tamarack

### STOP:

**Diamond Block** Elite Stop (\$)

### LATERAL MET. HEAD (OUTER TRIMLINE):

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

### MEDIAL MET. HEAD (OUTER TRIMLINE):

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

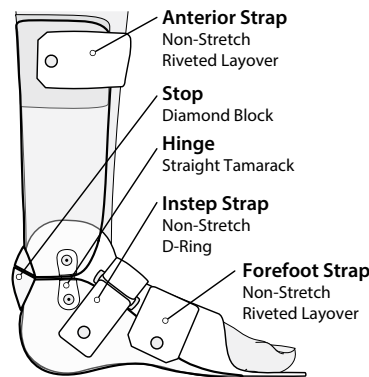
### SOFT CONTAINMENT:

**None** Lateral Medial Lateral & Medial

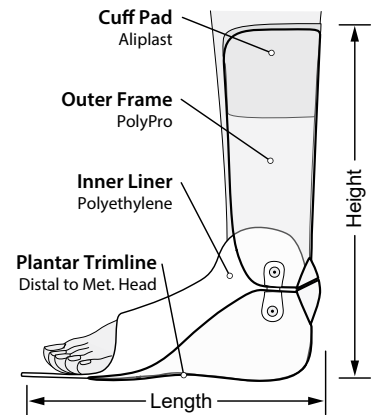
### TOE RISE:

**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