TO ORDER— 1) SAVE to desktop 2) Fill in eForm 3) Print and send with the patient's cast to Cascade
OR, fill in your order details at orders.cascadedafo.com

Clear Form Data

CASCADE dafo

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

DAFO® TurboH Softy®

Hinged PF block, Softy liner

Patient

Last name:
First name:
Birth date: ☐ Bilateral ☐ Left ☐ Right
Date cast:

Practitioner

Last Name:
First Name:
Title/Credentials:
Email: Phone:

Billing

Customer/Business Name:
Street address:
City: State: Zip:
PO# / UCAN#:

Shipping

☐ Shipping info is the same as Billing info. **–OR–**
Shipping contact name:
Facility name:
Street Address:
City: State: Zip:

Finished Brace Angles

ANKLE ALIGNMENT (Dorsiflexion-Plantarflexion)

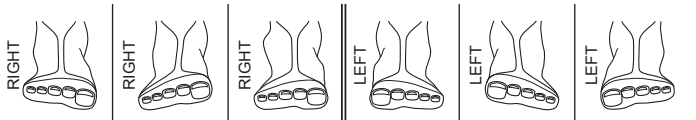
☐ Correct to 3-4° DF ☐ Correct to _____° ☐ DF ☐ PF ☐ Do not correct *(cast alignment OK)*

HINDFOOT ALIGNMENT

☐ Correct to vertical (if misaligned) ☐ Do not correct

FOREFOOT ALIGNMENT **NOTE:** Drawings show finished orthosis

Choose forefoot alignment. Write posting height if needed– in. or mm.



Valgus	Varus	Neutral	Neutral	Varus	Valgus
☐ ____	☐ ____	☐	☐	☐ ____	☐ ____

☐ Do not correct - keep as cast. ☐ Do not correct - keep as cast.

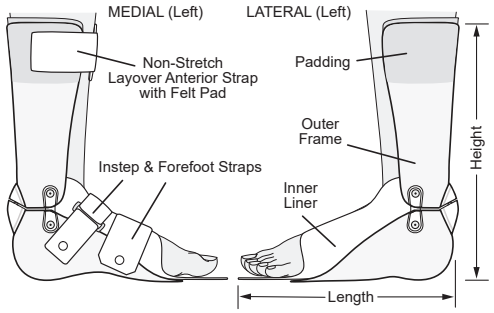
Bottom Stabilization

☐ None– **Standard**
☐ Heel **-OR-** ☐ Midfoot **-OR-** ☐ Both **-OR-**
☐ Entire bottom stabilized with foam sole **-OR-**
☐ Entire bottom with non-skid cover **-OR-**
☐ Entire bottom stabilized with both foam sole **and** non-skid cover

NOTE: Varus or valgus forefoot alignments will receive stabilization on bottom of brace to support posted (raised) region

NOTE: Neutral forefoot alignments will not see foam on toe shelf

Construction | Features | Options



NOTE: If you don't choose an option, you will receive the **Standard**.

Hinge Type:
☐ Dorsi-assist Tamarack **(Standard)**
Select Durometer (95 is stiffest):
☐ 75 d **(Standard)** ☐ 85 d ☐ 95 d
☐ Straight Tamarack

Posterior Height:
☐ ⅔ to ¾ of lower leg length **(Standard)** ☐ Specify: _____
NOTE: Cast height must be greater than brace height.

Inner Liner:
☐ Softy foam **(Standard)** *(white only; outer frame extends to full-length)*
☐ OP Flex (additional cost per brace) *(outer frame extends full-length)*
☐ Polyethylene *(outer frame trimmed at sulcus)*
☐ Add extra navicular padding *(boney pronators)*

Straps: **Standard** *(see drawing)*
☐ Add D-ring/pad to ant. strap
☐ Add toe abduction strap

Strap Color:
☐ White **(Standard)** ☐ Other: _____

Instep Strap Pattern:
☐ No pattern **(Standard)** ☐ Other: _____

Transfer Pattern:
☐ No Transfer **(Standard)**
☐ Pattern: _____
NOTE: Outer frame only; additional cost per brace.

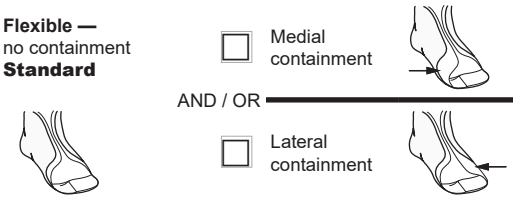
Toe Rise and Cuff Padding Color:
☐ White **(Standard)** ☐ Other: _____

Toe Shelf

Outer Frame: ☐ Full-length ☐ Distal to met. heads ☐ Proximal to met. heads

Standard for Softy foam liner — **Standard** for Polyethylene liner

Inner Liner:
☐ **Flexible —** no containment **Standard**
☐ Medial containment
AND / OR
☐ Lateral containment



Special Instructions

☐ **Rush order** (adds $20)

Thank you!

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