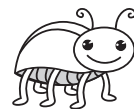




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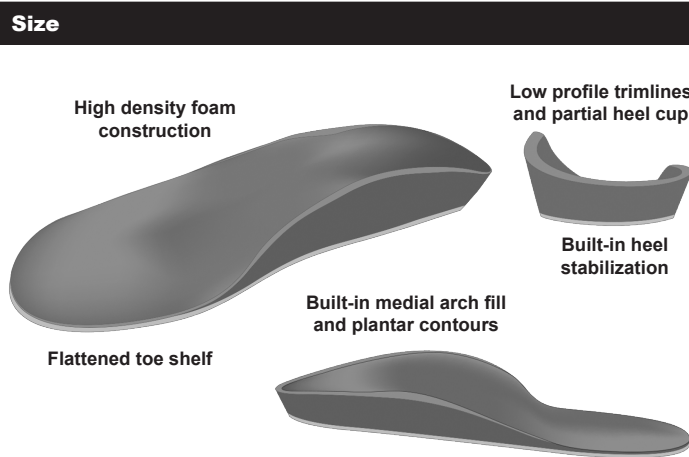
Bug®

Moderate support shoe insert

No Casting

Today's Date: _____

Patient	Last name:
	First name: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Birth date:
	Parent or Guardian:
Practitioner	Name: Title:
	Facility:
	Street Address:
	City: State: Zip:
	Phone:
	Email:
Payment Options	<input type="checkbox"/> Facility Billing (Practitioner) -OR-
	Account Name or #:
	P.O. N°: <input type="checkbox"/> CC on file
	<input type="checkbox"/> Insurance Billing (Parent / Guardian / Practitioner) -OR-
	UCAN N°:
	<input type="checkbox"/> Direct Purchase (Parent / Guardian)
	<input type="checkbox"/> Check attached
	Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
	Cardholder's Phone:
	Credit Card No:
Exact name on card:	
Exp. Date: V-code:	
Billing Information	Billing Name:
	Facility:
	Street Address:
	City: State: Zip:
	Phone:
Shipping	<input type="checkbox"/> Same as billing information. -OR-
	Shipping contact name:
	Street Address:
	City: State: Zip:
	Phone:



Sizing

☐ Pair ☐ Left ☐ Right

Length: _____ 4.00 - 13.00 in.
(0.25 in. increments)

Order same size as existing shoe insole (do not add room for growth).
If in-between sizes, go down 0.25 in size.

Options

Add Forefoot Posting? ☐ 1/8" ☐ 3/16" ☐ 1/4" ☐ Medial ☐ Lateral

-or-

Add Medial or Lateral Wedge? ☐ 1/8" ☐ 3/16" ☐ 1/4" ☐ Medial ☐ Lateral

-or-

Add Wedge? ☐ 1/8" ☐ 3/16" ☐ 1/4" ☐ 1/8" ☐ 3/16" ☐ 1/4"

-or-

Add Lift? ☐ 1/8" ☐ 3/16" ☐ 1/4" ☐ 3/8"

Comments

Thank you!