



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



Chipmunk®

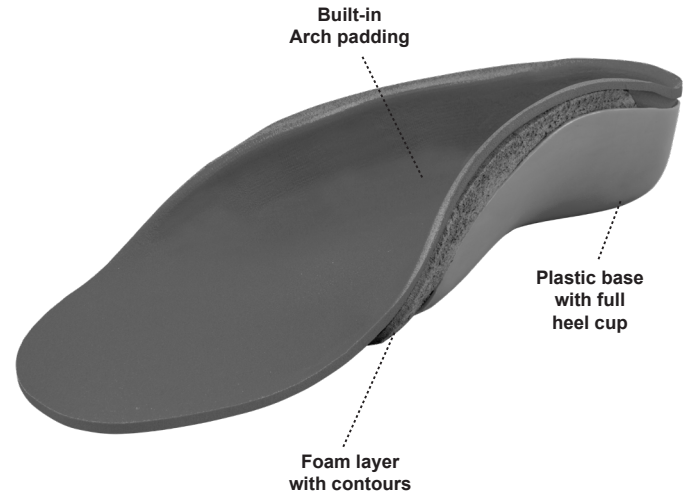
Maximum support shoe insert

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"/> Direct Purchase (Parent / Guardian)		
	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:		
Billing Information	Billing Name:		
	Facility:		
	Street Address:		
	City:	State:	Zip:
Shipping	<input type="checkbox"/> Same as billing information.		-OR-
	Shipping contact name:		
	Street Address:		
	City:	State:	Zip:
Phone:			

Size



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

Sizing

☐ Pair ☐ Left ☐ Right

Length: _____ 4.00 - 12.25 in.
(0.25 in. increments)

Choose length that will allow for 0.25 - 0.5 in. for growth.

Width: ☐ Wide (Standard) ☐ Narrow

Comments

Thank you!