

 Dascade Dafo, Inc.

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Size



## Two layers of soft foam, one layer of firm foam

Today's Date: \_\_\_\_

Patient	Last name:		
	First name:	🗌 Ma	ile 🗌 Female
	Birth date:		
	Parent or Guardian:		
Practitioner	Name:	Title:	
	Facility:		
	Street Address:		
	City:	State:	Zip:
	Phone:		
	Email:		
ns	Facility Billing (Practitioner)		-OR-
	Account Name or #:		
	P.O. Nº :	CC on file	
ptio	Direct Purchase (Parent / Guardian	ı)	
Payment Options	Credit Card: Visa MasterCard		Discover
	Cardholder's Phone:		
	Credit Card No:		
	Exact name on card:		
	Exp. Date:	V-code:	
<b>Billing Information</b>	Billing Name:		
	Facility:		
	Street Address:		
	City:	State:	Zip:
	Phone:		
	Email:		
Shipping	□ Same as billing information	•	-OR-
	Shipping contact name:		
	Street Address:		
	City:	State:	Zip:
	Phone:		

**No Casting** 



- Super-soft foam for maximum comfort.
- Excellent pressure relief along metatarsal heads.
- Firmer support for hindfoot.
- For sizing, use the Cascade Fast Fit<sup>™</sup> sizing jig.

NOTE: If you do	on't choose	an option,	you will receiv	e the Standard.	
Sizing	🗌 Pair	🗌 Left	☐ Right		
	Length: _	Choose length th	at will allow for 0.25	3.00 – 12.25 in. (0.25 in. increm - 0.5 in. for growth.	
	Width:	U Wide	(Standard)	Narrow	
Fill Arches?	Midfoot Stabilization (additional charge)				

## Comments