



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



PattiBob®

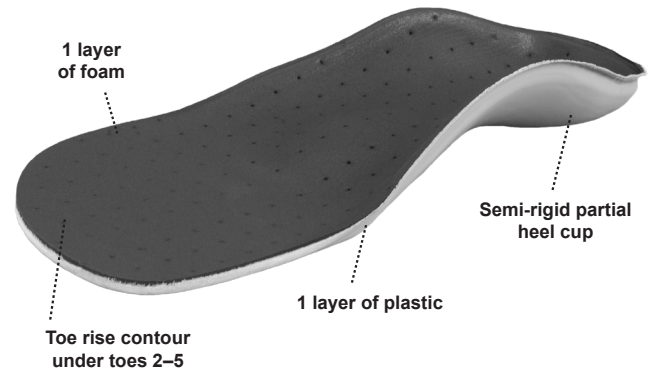
Moderate support shoe insert

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"/> 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:
Billing Information	Credit Card No:
	Exact name on card:
	Exp. Date: V-code:
	Billing Name:
	Facility:
	Street Address:
Shipping	City: State: Zip:
	Phone:
	<input type="checkbox"/> Same as billing information. -OR-
	Shipping contact name:
	Street Address:
	City: State: Zip:
Phone:	

Size | Options



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

Sizing

☐ Pair ☐ Left ☐ Right

Length: _____ 3.00 - 12.25 in.
(0.25 in. increments)
Choose length that will allow for 0.25 - 0.5 in. for growth.

Width: ☐ Wide (Standard) ☐ Narrow

Fill Arches?

☐ Midfoot Stabilization (additional charge)

Flatten Toe Rise?

☐ Yes

☐ No (Standard)

Comments

Thank you!