TO ORDER—fill this out, print, fax/mail to Cascade; -or- fill this out, save, email to customerservice@dafo.com

Clear Form Data

CASCADE dafo

Cascade Dafo, Inc.
1360 Sunset Ave, Ferndale, WA 98248
ph 800.848.7332 | **intl** +00 1 360 543 9306
fax 855.543.0092 | **www.cascadedafo.com**

FAST FIT

JumpStart® LeapFrog®

PF free, DF free, SMO trimline

No Casting

Today's Date: _____

Patient

Last name:
First name: ☐ Male ☐ Female
Birth date:
Parent or Guardian:

Practitioner

Name: **Title:**
Facility:
Street address:
City: State: Zip:
Phone:
Email:

Payment Options

☐ **Facility Billing** (Practitioner) **–OR–**
Account Name or #:
P.O. Nº : ☐ CC on file

☐ **Insurance Billing** (Parent / Guardian / Practitioner) **–OR–**
—UCAN Nº :

☐ **Direct Purchase** (Parent / Guardian)
☐ Check attached
Credit Card: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover
Cardholder's Phone:
Credit Card No:
Exact name on card:
Exp. Date: V-code:

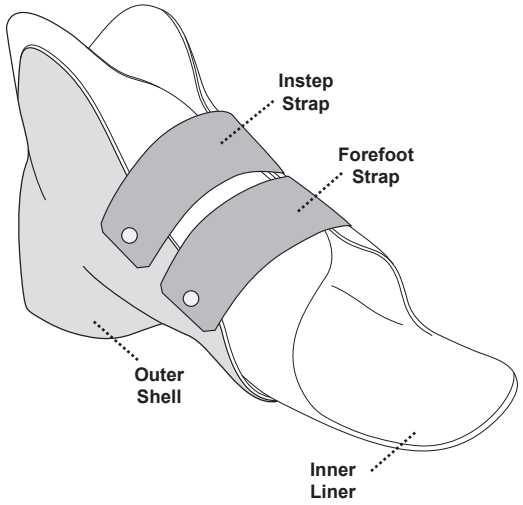
Billing Information

Billing Name:
Facility:
Street address:
City: State: Zip:
Phone:
Email:

Shipping

☐ **Same as billing information.** **–OR–**
Shipping contact name:
Street address:
City: State: Zip:
Phone:

Size | Outer Shell | Straps | Options



1 Sizing ☐ Pair ☐ Left ☐ Right

Length: _____ *4.00 – 9.00 in. (0.25 in. increments)*

Width: ☐ Wide ☐ Narrow

2 Outer Shell

☐ **Moderate Flexibility – Polyethylene**
Recommended for sizes 4.00 – 8.00 (available for all sizes)
Shell color: ☐ Blue ☐ Pink

-or-

☐ **Firm – Co-poly** *(shell color:* **White only***)*
Recommended for sizes 8.25 – 9.00 (available for all sizes)

3 Straps

Color: ☐ Blue ☐ Pink

Instep: *choose one*
☐ Riveted layover
☐ Layover *(no rivets)*
☐ Riveted D-ring

Forefoot: *choose one*
☐ Riveted Layover
☐ Layover *(no rivets)*

4 Options
☐ Instep pad
☐ Toe rise pad
☐ Toe rise pad with abduction strap

Comments

Thank you!

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