CASCADE dafo

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FAST FIT®

JumpStart® Softback®

Reset Form

PATIENT

Last Name:	
First Name:	
DOB:	◯ Bilateral ◯ Left ◯ Right

PRACTITIONER

Name:	Title:
Email:	
Phone:	

BILLING ☐ RUSH ORDER($)

Name:	
Address:	
City:	State: Zip:
PO#:	

SHIPPING ☐ Same as Billing

Name:	
Facility:	
Address:	
City:	State: Zip:

DIRECT PURCHASE PAYMENT OPTIONS

Exact Name on Card:		Credit Card #:	
Cardholder's Phone:		Exp. Date:	
Cardholder's Email:		V-Code:	

NOTE: If no options are selected, you will receive the ***Fast Fit Standard*** (see illustration).

POSITION OF FUNCTION

LENGTH:

Specify: _ _ _ _____

4.00-7.75 (0.25 inch increments)
Choose length that will allow for 0.25-0.5 inch growth

CONTROL

OUTER FRAME:

◯ ***CoPoly*** ◯ Polyethylene

TOE RISE:

◯ ***Toe Rise*** ◯ Toe Rise w/ Abduction Strap

COMFORT

INSTEP PAD:

◯ ***Instep Pad*** ◯ None

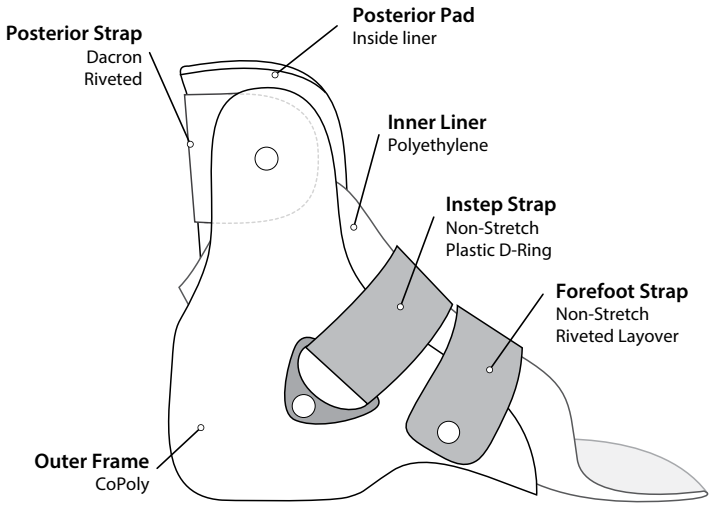
COSMETIC

OUTER FRAME COLOR:

CoPoly: ◯ ***White*** *Polyethylene*: ◯ ***Blue*** ◯ Pink

STRAP COLOR:

◯ ***Blue*** ◯ Pink



ADDITIONAL INSTRUCTIONS