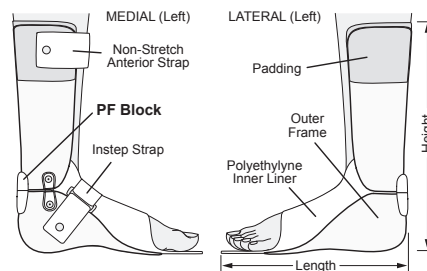


Construction • Features • Options



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

Posterior ankle trimline: ☐ PF Block **Standard**
☐ Adjustable PF Block (additional charge)
☐ Free ankle

Hinge Type: ☐ Dorsi-assist Tamarack **Standard**
Durometer (95 is stiffest):
☐ 75 d **Standard** ☐ 85 d ☐ 95 d
☐ Straight Tamarack

Posterior Height: ☐ $\frac{3}{4}$ to $\frac{1}{2}$ of leg length **Standard** ☐ Specify: _____
• Cast height must be greater than brace height •

Inner Liner: ☐ Polyethylene **Standard** ☐ Softy foam (white only) ☐ None
☐ Add extra navicular padding (bony pronators only) ☐ Add plastizote to malleoli

Straps: **Standard** (tibial & instep straps) ☐ Add toe abduction strap
Strap Color: ☐ White **Standard** ☐ Other: _____
Instep Strap Pattern: ☐ No pattern **Standard** ☐ Other: _____

Transfer Pattern: ☐ No Transfer **Standard**
(Outer frame only; additional cost per brace)
☐ Pattern: _____ ☐ Provide Own Pattern

Toe Shelf

Outer Frame: ☐ Full-length under plantar surface ☐ Trimmed just proximal to met. heads under plantar surface ☐ Trimmed distal to met. heads under plantar surface



Inner Liner: ☐ Flexible — no containment **Standard** ☐ Medial containment:
AND / OR ☐ Lateral containment:

Special Instructions

☐ **Rush order** (adds \$25)

Patient
Last name: _____
First: _____ ☐ Male ☐ Female
Date cast: _____ **Footplate size:** ☐ N ☐ W
Birth date: _____ ☐ Bilateral ☐ Left only ☐ Right only

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

Billing
☐ Cascade P&O is billing the patient's insurance. **-OR-**
—UCAN N°: _____
☐ Billing info is the same as practitioner facility. **-OR-**
☐ Billing facility: _____
Street address: _____
City: _____ **State:** _____ **Zip:** _____
P.O. N°: _____

Shipping
☐ Shipping info is the same as practitioner facility. **-OR-**
Shipping contact name: _____
Street address: _____
City: _____ **State:** _____ **Zip:** _____

Cast Correction • Position of Function

ANKLE ALIGNMENT (Dorsiflexion–Plantarflexion)

☐ Correct to 3–4° DF ☐ Correct to _____° ☐ DF ☐ Do not correct (Cast alignment OK)
☐ PF

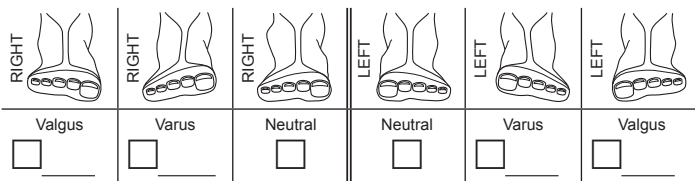
HINDFOOT ALIGNMENT

☐ Correct to vertical (if misaligned) ☐ Do not correct

FOREFOOT ALIGNMENT

NOTE: Drawings show finished orthosis.

Choose forefoot alignment. Write posting height if needed—in. or cm.



Bottom Stabilization

☐ **None—Standard** **NOTE:** Varus or valgus forefoot alignments will receive stabilization on bottom of brace to support posted (raised) region.
☐ Heel **-OR-** ☐ Midfoot **-OR-** ☐ Both
☐ Entire bottom stabilized with foam sole
☐ Entire bottom stabilized with foam sole and non-skid cover