

Patient	Last name:
	First: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date cast:
	Birth date: <input type="checkbox"/> Bilateral <input type="checkbox"/> Left only <input type="checkbox"/> Right only

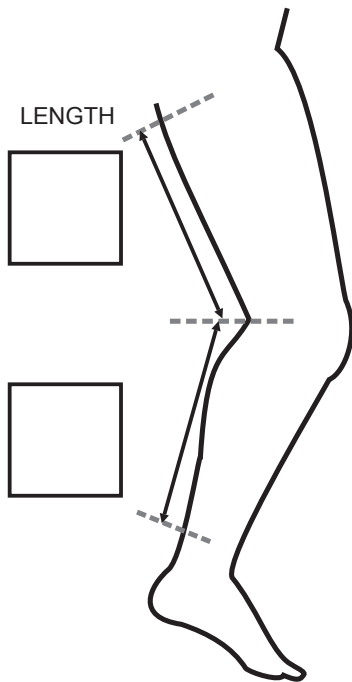
Practitioner	Name:	Title:
	Facility:	
	Street address:	
	City:	State: Zip:
	Email:	Phone:

Padding • Straps • Trim		
Padding Color:	<input type="checkbox"/> White Standard	<input type="checkbox"/> Other: _____
Strap Color:	<input type="checkbox"/> White Standard	<input type="checkbox"/> Other: _____
Strap Pattern:	<input type="checkbox"/> No pattern Standard	<input type="checkbox"/> Other: _____

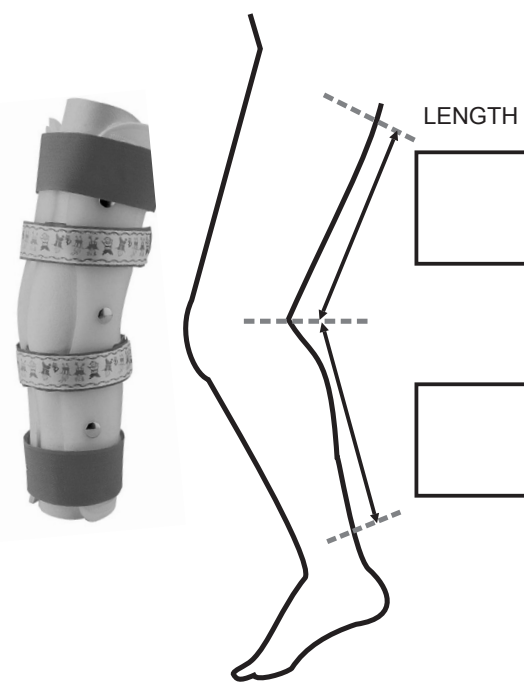
Billing	<input type="checkbox"/> Cascade P&O is billing the patient's insurance. -OR-
	—UCAN N°:
	<input type="checkbox"/> Billing info is the same as practitioner facility. -OR-
	<input type="checkbox"/> Billing facility:
	Street address:
	City: State: Zip:
	P.O. N° :

Shipping	<input type="checkbox"/> Shipping info is the same as practitioner facility. -OR-
	Shipping contact name:
	Street address:
	City: State: Zip:

Right Leg



Left Leg



Cast Information	
<input type="checkbox"/> Fabricate as cast (no correction needed) Standard	
<input type="checkbox"/> Correct knee angle of cast to _____ (degrees)	
<ul style="list-style-type: none"> • Cast should span from high on thigh to just above the malleoli. • Length measurements above are for finished knee sleeve. 	
Length measurement units—	<input type="checkbox"/> English <input type="checkbox"/> Metric

Special Instructions
<input type="checkbox"/> Rush order (adds \$25)