

P.A.S.S – 4 (PHOENIX ANKLE STABILIZATION SYSTEM)

MID CALF AFO

LEFT
 RIGHT
 BILATERAL

PATIENT NAME: _____ PO# _____

PRACTITIONER NAME / PHONE: _____

Ground
 2nd Day Air
 NDA
 Other: _____

NEED BY DAY: _____ NOTE: Less than 3 days in house is a Rush (Additional Charge)

SHIP TO LOCATION: _____

CAST CORRECTION:

DESIGN

ANKLE <input type="checkbox"/> 90° <input type="checkbox"/> DO NOT CORRECT OTHER: <input type="checkbox"/> _____ <input type="checkbox"/> DF <input type="checkbox"/> PF	HIND FOOT <input type="checkbox"/> NEUTRAL <input type="checkbox"/> DO NOT CORRECT FOREFOOT <input type="checkbox"/> NEUTRAL <input type="checkbox"/> DO NOT CORRECT <input type="checkbox"/> OTHER: _____
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SOLID CALF 9" (STD)
 SPLIT CALF 9" 3 STRAP STD

JOINT OPTIONS

FOOT TRIM

OPTIONS:

PHOENIX JOINT (STD)

ADDITIONAL CHARGES

HEEL POST
 MED
 LAT
 TAMARACK
 DA TAMARACKS-
 Dur: _____
 OVERLAP (2 PULL)
 PHOENIX STOP (adj pf)

PLASTIC:

PROX METS (STD)
 SULCUS
 FULLFOOT
 1ST RAY EXTENSION
 PF 1ST RAY CUT OUT
ADDITIONAL CHARGES
 HEEL POST
 MED
 LAT

INLAY LENGTH:

PROX METS
 SULCUS
 FULLFOOT

STRAPS
 2
 3
 4

ADD. CHARGES:

EVA ARCH PAD
 1/8" EVA INLAY
 3/16" BILAM INLAY
 65 DUR FF STIFFNER (STC)
 NON STD HEIGHT _____
 SPOT PAD

LOCATION: _____

PLASTIC

SPECIAL INSTRUCTIONS

OUTER PLASTIC:

3/32"
 1/8"
 5/32"
 BLACK STD
 WHITE
 *UPRIGHT PADS BLACK ONLY
 TRANSFER _____

 EVA COLOR: _____
 BLACK STD

_____ :



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