

P.A.S.S – 1 (PHOENIX ANKLE STABILIZATION SYSTEM)

ANKLE GUANTLET

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

<p>ANKLE</p> <p><input type="checkbox"/> 90°</p> <p><input type="checkbox"/> DO NOT CORRECT</p> <p>OTHER:</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> DF <input type="checkbox"/> PF</p>	<p>HIND FOOT</p> <p><input type="checkbox"/> NEUTRAL</p> <p><input type="checkbox"/> DO NOT CORRECT</p> <p>FOREFOOT</p> <p><input type="checkbox"/> NEUTRAL</p> <p><input type="checkbox"/> DO NOT CORRECT</p> <p><input type="checkbox"/> OTHER: _____</p>
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PASS 1 strap 8"
 PASS 1 lace 8"

FOOT TRIM

OPTIONS:

PROX METS
 SULCUS ENCOMPASS METS
 FULLFOOT ENCOMPASS METS
 FREE PF MOD

ADDITIONAL CHARGES

HEEL POST MED LAT

INLAY LENGTH

PROX METS
 SULCUS
 FULLFOOT

LACES TOP STRAP
 STRAPS 2 3 4
 OPTIONAL FOREFOOT STRAP

ADDITIONAL CHARGES

FIGURE 8 STRAP
 VARUS CONTROL VALGUS CONTROL
 1/8" EVA INLAY
 3/16" BILAM INLAY
 NON STD HEIGHT _____
 SPOT PAD

LOCATION: _____

PLASTIC

SPECIAL INSTRUCTIONS

INNER PLASTIC:

CLEAR (STD) BLACK
 3/32" 1/8" 5/32"

TRANSFER OUTER: _____

TRANSFER INNER: _____



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