

P.A.S.S – 1.5 (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

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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PASS 1.5
FOOTSHELL – 8-9"



PASS 1.5
CALFSHELL -8-9"

FOOT TRIM INNER

FOOT TRIM OUTER

OPTIONS:

PROX METS
 SULCUS ENCOMPASS METS
 FULLFOOT ENCOMPASS METS
 FREE PF MOD
ADDITIONAL CHARGES
 HEEL POST MED LAT

INLAY LENGTH	MATERIAL
<input type="checkbox"/> PROX METS	<input type="checkbox"/> 1/8" EVA
<input type="checkbox"/> SULCUS	<input type="checkbox"/> 3/16" BILAM
<input type="checkbox"/> FULLFOOT= _____	<input type="checkbox"/> 1/8" ALI

PROX METS
 SULCUS
 FULLFOOT
 1ST RAY EXTENSION
 PF 1ST RAY CUT OUT
 SLIM TRIM -DISTAL HEEL
 OPEN HEEL
 MED HEEL BLOCK
 LAT HEEL BLOCK
 CLOSED HEEL
ADDITIONAL CHARGES
 HEEL POST MED LAT

VARUS CONTROL VALGUS CONTROL
 LACES TOP STRAP
 STRAPS 2 =8" 3 =9"
 DEROTATION STRAPPING
 OPTIONAL FOREFOOT STRAP
 NON STD HEIGHT _____
ADDITIONAL CHARGES
 FIGURE 8 STRAP
 SPOT PAD
 LOCATION: _____

OUTER PLASTIC:

3/32" 1/8" 5/32"
 BLACK WHITE

INNER PLASTIC:

CLEAR (STD) BLACK

TRANSFER OUTER: _____

TRANSFER INNER: _____

SPECIAL INSTRUCTIONS



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