

P.A.S.S – 2 (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 2 STRAP – 9"
 PASS 2 LACE – 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
 3

OPTIONAL FOREFOOT STRAP

DEROTATION STRAPPING
 NON STD HEIGHT _____

ADDITIONAL CHARGES

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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