Cascade Dafo, Inc.
1360 Sunset Ave, Ferndale, WA 98248
ph 800.848.7332 | **intl** +1 360 543 9306
fax 855.543.0092 | **www.cascadedafo.com**

Carbon Fiber Footplate

Reset Form

PATIENT

Last Name:	
First Name:	
DOB:	◯ Bilateral ◯ Left ◯ Right

PRACTITIONER

Name:	Title:
Email:	
Phone:	

BILLING

☐ RUSH ORDER($)

Name:	
Address:	
City:	State: Zip:
PO#:	

SHIPPING

☐ Same as Billing

Name:	
Facility:	
Address:	
City:	State: Zip:

DIRECT PURCHASE PAYMENT OPTIONS

Exact Name on Card:		Credit Card #:	
Cardholder's Phone:		Exp. Date:	
Cardholder's Email:		V-Code:	

NOTE: If no options are selected, you will receive the ***Fast Fit Standard*** (see illustration).

POSITION OF FUNCTION

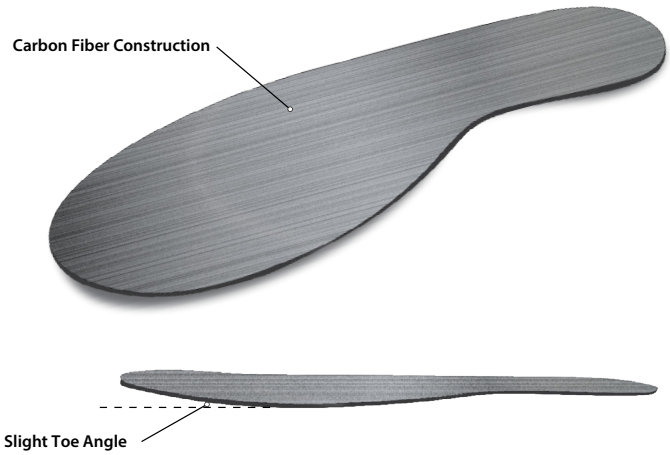
LENGTH:

Specify: _____ *4.00-12.25 (0.25 inch increments)*

CONTROL

PLANTAR TRIMLINE:

◯ ***Full Length*** ◯ Anti In-Toe Cut-Out ◯ Anti Out-Toe Cut-Out



ADDITIONAL INSTRUCTIONS

© 2026 Cascade Dafo, Inc. All rights reserved.