

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	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"/> 1/8" ALI

FULLFOOT= _____"

LACES
 TOP STRAP

STRAPS
 2
 3

OPTIONAL FOREFOOT STRAP

NON STD HEIGHT _____

ADDITIONAL CHARGES

FIGURE 8 STRAP

VARUS CONTROL
 VALGUS CONTROL

SPOT PAD

LOCATION: _____

PLASTIC

SPECIAL INSTRUCTIONS

PLASTIC:

CLEAR (STD)
 BLACK

3/32"
 1/8"
 5/32"

TRANSFER: _____

WEBBING COLOR:

BLACK
 WHITE
 COLOR (VELCRO IS USED)

_____ :



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