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Doctor Name:		
Address:		
City:	State:	Zip:
ACCT#:		
Pt Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female Age:
Height:	Weight:	Shoe Size:
Shoe Type:	Shoes Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cast enclosed for <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L		
PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!		

CLINICAL INFORMATION

DIAGNOSIS:	Accommodation location(s): (describe & mark location on cast)
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PRESCRIPTION

<p>Height:</p> <p><input type="checkbox"/> 7": most versatile height</p> <p><input type="checkbox"/> 9": For maximal rigidity and control</p> <p>ARCH SUSPENDER:</p> <p><input type="checkbox"/> Medial (varus force on hindfoot)</p> <p><input type="checkbox"/> Lateral (valgus force on hindfoot)</p> <p><input type="checkbox"/> None</p>	<p>Color:</p> <p><input type="checkbox"/> Tan</p> <p><input type="checkbox"/> Chocolate</p>  <p>7" (left) 9" (right)</p>
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SUGGESTED BILLING CODES

L1940 AFO, Molded to Patient Model, Plastic **L2330** Lacer Molded to Patient Model
L2275 Addition to Lower Extremity Varus/Valgus Control **L2820** Soft Interface

CASTING INSTRUCTIONS USING THE STS MID LEG SOCK



Cutting strip, tubing & bag in place



Gather STS Sock-slide onto foot/ leg



Position STJ neutral: Ankle at 90°



OR: semi weight bearing on foam



Cut along cutting strip-full length



Mark medial & lateral malleolus