
 18280 West Dixie Highway, Miami, FL 33160 Toll Free: 877.687.3338 Ofc: 305.932.0922 • Fax: 305.932.0923 www.FootcareXpress.com	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

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

L1940 AFO, Molded to Patient Model, Plastic	L2280 Addition to Lower Extremity Molded Inner Boot
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