
ORDER OPTIONS required field (Additional Charges Moy Aply) $\square$ RUSH Order (\$35) $\square$ Ship Overnight (\$35) $\square$ Ship to Patient $\square$ International Shipping

## DX:

## STEP ONE AFO SELECTION

## PLATINUM ${ }^{\circledR}$ GRAPHITE

| $\square$ LEFT | UPRIGHTS: Graphite |
| :--- | :--- |
| $\square$ RIGHT | UPRIGHT PADDING: Full-Length Pads |
| $\square$ PAIR | TOP COVER: $1 / 8^{\prime \prime}$ Implus |

PLATINUM ${ }^{\circledR}$ HEAT-ADJUSTABLE PLASTIC

PLATINUM ${ }^{\circledR}$ DIABETIC Suggested Base Code L-Code: 11970

| $\square$ LEFT | UPRIGHTS: Copolymer |
| :--- | :--- |
| $\square$ RIGHT | UPRIGHT PADDING: Plastazote/PPT |
| $\square$ | PAIR |


PLATINUM ${ }^{\circledR}$ DORSI-ASSIST Suggested Base Code L-Code: L1970
$\square$ LEFT
$\square$ RIGHT
$\square$ PAIR
UPRIGHTS: Copolymer UPRIGHT PADDING: Full-Length Pads TOP COVER: 1/8" Implus

PLATINUM ${ }^{\text {® }}$ BUILD-A BRACE
Design Your Own Brace from the options below:
MEASUREMENTS - PLEASE INCLUDE OPTIMAL FIT:


MODIFICATION OPTIONS


ADDITIONAL OPTIONS (will incur additional charge)Leather covered Toe Filler Synthetic Covered Toe Filler Add Extra Navicular Pad
if ARTICULAting
$\square$ Regular Tamarack
$\square$ Dorsi Assist Tamarack
$\square$ Other
$\square$ Plantar Stop
lantar Stop
$\square$ Cut-out Inner Shell from Heel (heee will still be covered by leather or synthefic moterial, excep to s sim verion)


POST (Will incur additional charge) Hindfoot $\square$ Medial $\square$ Lateral Forefoot $\square$ Medial $\square$ Lateral Hind \& Forefoot $\square$ Medial $\square$ Lateral $\qquad$ _"
Arch Post $\square$
CAST CORRECTION
Ankle Alignment
$90^{\circ}$
$\qquad$ $\square$ Dorsiflexion $\square$ Plantarflexion

## Do Not Correct

Hindfoot Subtalar Alignment
$\square$ Neutral
$\square$ Do Not Correct
Forefoot Alignment



## NOTES:

| NOTES: |
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## PLATINUM COLLECTION POLICIES \& PROCEDURES

## ORDERING INFORMATION

Orders MUST INCLUDE a negative cast with the following markings:

- Bisection of 1 st and 5th metatarsals
- Most inferior aspect of lateral and medial malleoli
- Base of the 5th metatarsal (styloid process) if a lateral flange is requested
- Markings should be made directly on the foot in felt tip (transferable ink) marker while the foot is held as close to $90^{\circ}$ to the lower limb as possible.
- Casts should be taken using a suspension non-weight bearing technique with patient in subtalar neutral and midtarsal joint held fully loaded and locked.
- The ankle should be in the maximal dorsiflex position without the patient's assistance.
- Plaster should be well rubbed and smoothed onto foot to capture the maximum detailed features of the foot and ankle. The calcaneal body and malleoli contours detailed features

Orders received by PAL NOT MEETING the above standards WILL NOT be processed until the standards are met

- Re-casts will be required for unmarked, improperly marked or general poor condition casts.


## STANDARDS

Standard cast corrections include minimal arch fill and $1 / 8$ "heel expansion. Please request additional arch fill if patient is known to be intolerant of high or tightly conforming arched devices

## SHIPPING TO PAL

- Contact PAL for preprinted return labels
- Additional fees may be charged for alternate shipping requests
- International charges may apply.


## SUPPLY REQUESTS

To request additional supplies, including order forms, please call (800) 223-2957.

## CAST STORAGE

- Orthotic casts are stored electronically
- Brace casts are stored for three (3) months from the date of original shipment
- There is an additional charge to return casts.


## BIOMECHANICAL CONSULTANTS

With more than 50 years of combined biomechanical expertise, you can expect outstanding customer service from PAL.

PAL Customer Service: (800) 223.2957

## WARRANTY

- For all products, workmanship and defects in material are guaranteed for three (3) months trom the original ship date.
- Orthoses shells (excluding TL and Accommodative products) are guaranteed for life against breakage. TL products are guaranteed against breakage for one (1 year.
- Competitor shells are not guaranteed

REPAIRS AND ADJUSTMENTS

- All heating and grinding adjustments will be at no charge within the Warranty period.
- Items added during the Warranty period will be subject to charges
- PAL reserves the right to limit the adjustments available on Competitor devices


## RETURNS

- All braces are fabricated to a prescription and cannot be returned for credit however, PAL will advise you on specific adjustments.


## RETURNS \& CANCELED ORDERS

- All custom orthoses offered on this order form are not eligible for a refund on
- Canceled orders that have started the production process may be charged a percentage of the total invoice amount.


## ADDITIONAL CHARGES

There may be additional charges to the client for the following special requests:

- Ship to patien
- Return Casts
- Return Shoes
- Rush
- Alternate Shipping Methods
- COD


## TERMS

Full payment is due on the 15 th of the following month. Service will be suspended for delinquent accounts until the past due amount is paid.

## REMINDER

FOR MEDICARE CLAIMS, signature of prescriber is required
Please provide signature in NOTES section on the front side of this form.

## SUGGESTED BASE L-CODES

L1970 - AFO plastic molded to patient's model with ankle joint

## SUGGESTED ACCESSORY L-CODES

22820 - Below-the-knee soft interface
L2210 - Addition to lower extremity, dorsiflexion assist/plantar flexion resist ankle joint
L2275 - Modified footplate
L3002 - Plastazote/PPT foot insert; removable; molded to patient model
L3020 - Metatarsal pad; longitudinal/metatarsal support
23410 - Metatarsal bar
13420 - Heel lift
L3480 - Heel cushion with center pocket
L3485 - Horseshoe pad
L5000 - Toe filler

ADDITIONAL NOTES:

