PLATINUM COLLECTION AFO ORDER FORM

Q Acct #						
Acct # Name Address Phone/Fax		<u> </u>	Date:	//	LAB USE ONLY PPD BF	
ODD Address Phone/Fax					OE	
	VFO REQUIRED FIELD	Please Print (all patie		ORDER OPTIONS REQUIRED FIELD	(Additional Charges May Apply)	
First Name:		D.O.B.: /		RUSH Order (\$47) Ship Overnight (\$35)	Ship to Patient 🔲 International Shipping	
Weight:		Shoe Style:/	, L		(Additional \$3 Shipping Charge - Indicate address in Patient Info)	
Width: Narra		e Shoes Provided: Yes		DX:		
STEP C						
PLATINUM®				PLATINUM® BALANCE BRACE		
	UPRIGHTS: Graph	ito		LEFT BLACK BRACE HEIG	.нт	
	'	IG : Full-Length Pads				
	TOP COVER: 1/8	-		PAIR TAN 9"		
PLATINUM®	B HEAT-ADJUSTABLE P	LASTIC		OREFOOT WIDTH (AT MED HEADS):		
LEFT	LEFT UPRIGHTS: Copolymer					
	RIGHT UPRIGHT PADDING: Full-Length Pads					
PAIR	PAIR TOP COVER: 1/8" Implus			JPPER CIRCUMFERENCE (3" ABOVE ANKLE):		
	Suggested Base Code	-Code: L1970	_		LATINUM [®] PROFILE	
PLATINUM® DIABETIC Suggested Base Code L-Code: L1970				LEFT BLACK HEIGHT		
LEFT	UPRIGHTS : Copo	ymer		RIGHT TAN 7"	SOLID PLASTIC HEEL	
RIGHT	UPRIGHT PADDIN	IG : Plastazote/PPT			m base of the el to top of collar) OPEN (leather covered no plastic)	
PAIR	TOP COVER: Plast	azote/PPT	F	OOTPLATE LENGTH CLOSURE		
				MET HEADS	COMBO (laced with one	
PLATINUM®	DORSI-ASSIST Suggester			SULCUS VELCRC	(1-2330)	
	UPRIGHTS : Copol		S S		(E (All Mid-Length)	
		IG : Full-Length Pads		1/8"SMALL	MEDIUM	
PAIR	TOP COVER : 1/8	" Implus		LARGE	X-LARGE	
STEP T		M [®] BUILD-A BRA				
	Design Your O ENTS - PLEASE INCLUDE	wn Brace from the options be ΟΡΤΙΜΔΙ FIT	elow:	~		
		meter s	(CLOSURE		
for Ulcer Reliefs			Widest			
		anghts		── Velcro ── Boot Hooks		
	Circu	nferenc e	Brace			
		$\land \bigcirc + \blacksquare$		NOTES:		
	/ /_ Fo	refoot - M L 90'				
	ON OPTIONS		Nnkle - ML			
-	ar Relief Right	POST (Will incur addition Hindfoot Medial L				
	5th Met Relief	Forefoot Medial L Hind & Forefoot Medial		<i>"</i>		
Other ADDITIONA		Arch Post		-		
(will incur add	itional charge)	CAST CORRECTION				
Leather covered Toe Filler Ankle Alignment Synthetic Covered Toe Filler 90°						
Add Extr	ra Navicular Pad	Dorsiflexion] Plantarflexion			
	TING Tamarack	Do Not Correct Hindfoot Subtalar Alignm	nent			
Dorsi As	sist Tamarack	Neutral				
Other	Stop	Do Not Correct Forefoot Alignment				
Cut-out Inner Shell from Heel						
(heel will still be o except on slim ver	covered by leather or synthetic material, rsion)	Other				



PLATINUM COLLECTION POLICIES & PROCEDURES

ORDERING INFORMATION

Orders <u>MUST INCLUDE</u> a negative cast with the following markings: • Bisection of 1st 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° 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 are most critical.
- Orders received by PAL <u>NOT MEETING</u> the above standards <u>WILL NOT</u> 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

ADDITIONAL NOTES:

WARRANTY

- For all products, workmanship and defects in material are guaranteed for three (3) months from 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) yea
 - 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
- returns.
 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 patient
 Return Casts
 Return Shoes
 - Rush
 - Alternate Shipping Methods
 COD

TERMS

Full payment is due on the 15th 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

- L2820 Below-the-knee soft interface L2210 Addition to lower extremity, dorsiflexion assist/plantar flexion resist ankle joint L2275 Modified footplate
- 13002 Plastazate/PPT foot insert; removable; molded to patient model 13020 Metatarsal pad; longitudinal/metatarsal support 13410 Metatarsal bar
- L3420 Heel lift L3480 Heel cushion with center pocket L3485 Horseshoe pad L5000 Toe filler