

Print Your Account Information Below

ACCOUNT INFO

Acct # _____
 Name _____
 Address _____
 Phone/Fax _____

Date: ___ / ___ / ___

PO#: _____

LAB USE ONLY PPD BF
 L _____ R _____ ONLY _____
 OE _____

PATIENT INFO

Please Print (all patient info is required)

ORDER OPTIONS

(Additional Charges May Apply)

First Name: _____ Last Name: _____ D.O.B.: ___/___/___
 Weight: _____ M F Shoe Size: _____ Shoe Style: _____
 Width: Narrow Medium Wide Shoes Provided: Yes No

RUSH Order (\$47) Ship Overnight (\$50) Ship to Patient International Shipping
(Additional \$6.50 Shipping Charge - Indicate address in Patient Info)

SIGNATURE: _____
Physician Signature Required for Medicare Claims

INSTRUCTIONS

FOREFOOT POSTING

Raise
 Sulcus Wedge Extrinsic
 Add
 Remove
 _____ L Varus _____ R
 _____ L Valgus _____ R

REARFOOT POSTING

Extrinsic
 Extrinsic rearfoot posting accord. to measurements:
 _____ L Varus _____ Motion
 _____ L Valgus _____ Motion
 _____ L Varus _____ Motion
 _____ L Valgus _____ Motion

UPRIGHT SHELL

L R
 _____ Plastic to Graphite
 _____ Graphite to Plastic

PIVOT

L R
 _____ Functional Flex
 _____ Temporarily Fixed 90
 _____ Permanently Fixed 90
 _____ Dorsi-Assist

EXTENSIONS

MATERIAL

Implus - Available in 1/8" only. Add Remove
 NeoStride - Available in 1/8" only. Add Remove
 Plastazote/PPT Total 1/4" thickness. Add Remove
 EVA Swirl Add Remove

LENGTH

Cover the ends of toes Add Remove
 Cover to sulcus Add Remove
 Cover orthosis only Add Remove

POCKET

L R _____ As marked on cast Add Remove
L R _____ Horseshoe Heel Pocket Add Remove

ACCESSORIES

L R _____ 2001 Accom. Marked in forefoot only.	L R _____ Cuboid Pad	L R _____ Lateral Wedge
L R _____ Amputation Fill Shoes required. <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> Transmet	L R _____ Heel Cushion	L R _____ Medial Flap
L R _____ Arch fill <input type="checkbox"/> Prolite STD <input type="checkbox"/> Korex	L R _____ Heel Cushion w/Center Pocket	L R _____ Met bar (1-5)
L R _____ Arch raise (pad)	L R _____ Heel Lift <input type="checkbox"/> 1/4" STD <input type="checkbox"/> 1/8"	L R _____ Met pad <input type="checkbox"/> #22(s) <input type="checkbox"/> #40(m) <input type="checkbox"/> #351(lg) <input type="checkbox"/> Bevel to 1/8" thickness
	L R _____ Horseshoe Heel Cushion	

REPAIR

Recover As Is As Is With Changes
 Complete Refurbishment

REPLACEMENT COMPONENTS

L R _____ Full-Length Pads	L R _____ Plastazote/PPT Upright Pads
L R _____ Gel Pads	L R _____ U Pads
L R _____ Staps	L R _____ Topcover

HEATING

L R _____ Lower arch 1/8"
(if more than 1/8" is needed, a remake is necessary.)
 _____ Raise arch 1/8"
(if more than 1/8" is needed, add arch raise (pad).)
 _____ Stirrup: Lateral In Out
 _____ Stirrup: Medial In Out

GRINDING

L R _____ **GRINDING WIDTH**
 _____ *Narrow shell by: 1/8" 3/16" 1/4"
 FF Heel Arch Entire Device
 _____ Widen shell by: 1/8" 3/16" 1/4"
 FF Heel Arch Entire Device
SHELL MODIFICATIONS
 _____ 1st Ray Cutout Add
 _____ Deep Heel Cup N/A on System 3.0 or TL Remove
 _____ Shaffer Medial Remove

NOTES:

* If orthosis is too narrow or too short, a remake is necessary. Some grinding modification will require a remake.

Need Supplies? JOIN OUR PORTAL AT XTREMITY3D.COM

POLICIES & PROCEDURES

Effective May 1, 2010

Prices listed in US\$ Call for prices in Canada

Ordering Information

Call PAL to request product literature and a shipping kit. We'll include order forms, boxes, and preprinted labels – everything you need to begin ordering!

Orders **MUST INCLUDE** 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 (transferrable 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 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.

Biomechanical Consultations

With more than 60 years of combined biomechanical expertise, you can expect outstanding customer service from PAL.

PAL Customer Service: 800.223.2957

Cast Storage

- Brace casts are stored for **three (3) months** from the date of original shipment.

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.

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.

For questions, call: 800.223.2957**Reminder**

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

Warranty

- For Accommodative, Advantage+ and Platinum Brace, workmanship and defects in material are guaranteed for three (3) months from the original ship date.

Repairs & 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.

Supply Requests

To request additional supplies, including order forms, please call (800) 447-0151 or visit our website: www.palhealthtech.com

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

L3002 - Plastazote/PPT foot insert; removable; molded to patient model

L3020 - Metatarsal pad; longitudinal/metatarsal support

L3410 - Metatarsal bar

L3420 - Heel lift

L3480 - Heel cushion with center pocket

L3485 - Horseshoe pad

L5000 - Toe filler

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