

Acct #								
Name						LAB USE ONLY	□ PPD □ BI	
Address		Da	te: /	_/		L R	ONLY	
Phone/Fax		PO)#:			OE		
PATIENT INFO)	Please Print (all nation) info	is required) OF	DER OPTIONS		(Ada	ditional Charges May App	
First Name:	Last Name:	D.O.B.: / /		RUSH Order (\$35) Ship Overnigh	nt (\$35)		ternational Shippin	
		Shoe Style:				•	Terriumonur Shippin	
Width: Narrow	Medium Wid	·		GNATURE: Physician Signature Requ	oned for Mediaca	ie Cidinis		
CT CD								
SIEP	ONE L	<u>NFO SELECTIO</u>	<u>N</u>					
PLATINUM® GR	RAPHITE		PLA	ATINUM® BALANCE BRACI	E		-	
LEFT	UPRIGHTS : Grap	hite	a	LEFT BLACK Brace Height				
RIGHT	UPRIGHT PADDING: Full-Length Pads			RIGHT BLUE 6"				
PAIR	PAIR TOP COVER: 1/8" Implus			PAIR TAN 9"				
			-					
PLATINUM® HEAT-ADJUSTABLE PLASTIC				FOREFOOT WIDTH (AT MED HEADS):				
LEFT UPRIGHTS : Copolymer				ANKLE JOINT WIDTH (AT WIDEST POINT):				
RIGHT	UPRIGHT PADDING: Full-Length Pads			LOWER CIRCUMFERENCE (RIGHT ABOVE ANKLE):				
PAIR	TOP COVER: 1/8" Implus		UPI	UPPER CIRCUMFERENCE (3" ABOVE ANKLE):				
	Suggested Base Code	L-Code: L1970		PLATINUM® LEATHER	PL	ATINUM® PRO	FILE	
PLATINUM® DI	ABETIC Suggested Bas	e Code L-Code: L1970		LEFT BLACK	HEIGHT	HEEL		
LEFT	UPRIGHTS : Copa	lymer		RIGHT TAN	7"	SOLID	PLASTIC HEE	
RIGHT	UPRIGHT PADDING: Plastazote/PPT			PAIR Q" (from base of the hele to top of collar) OPEN (Beather covered no plastic)				
PAIR	TOP COVER: Plas		FO	 OTPLATE LENGTH CLC	OSURE		ALC:	
				MET HEADS	LACE	СОМВО	60	
PLATINUM® DO	ORSI-ASSIST Suggest	ed Base Code L-Code: L1970	6	SULCUS	VELCRC	(laced with one velcro strap at top)	-	
LEFT UPRIGHTS : Copolymer			SHI		_	E (All Mid-Length		
RIGHT	UPRIGHT PADDING: Full-Length Pads				MALL	medium		
PAIR TOP COVER: 1/8" Implus					ARGE [X-LARGE	A	
17411	101 COVER. 17 C) IIIIpi03				size to receive a free STS so	ock for your next orde	
STEP TW	PLATIN	IUM® BUILD-A BI		STEP THREE		SSORIES &		
	Design Your	Own Brace from the options b	elow:			L MODIFIC	<u>ATIONS</u>	
Left Right		LENGTH Cover the ends of the toe	es	│		L R LATERAL C	IID	
Pair		Cover to sulcus		(Marked in forefoot only)		Standard	High	
STYLE		Cover to end of shell		AMPUTATION FILL (shoes required)		Extended to the 5th MEDIAL KIR		
│	ole Plastic	FOREFOOT WIDTH Narrow Normal STD	Wide	1 st2 nd3 rd3 rd	smet	2mm		
MATERIAL		*Recommended for growth of spli weight-bearing	aying during	ARCH FILL (pad)	L	☐ PLASTER A		
Implus STD-Availab	ble in 1/8" only.	FOREFOOT POSTING Intrins		Prolite STD Kores ARCH RAISE (pad)	×	Minimal STD HIGHER		
Plastazote/PP	T Combo	│ │ │ None │ │ According to │ │ According to measureme		CUBOID PAD		SHAFFER A		
EVA Swirl		L Vargus	R	HEEL CUSHION WITH CENTER POO	KET	Standard Recommended for pronation/splaying	Old Style UCBL style	
PADDING U" & Gel Mo	alleoli Pads	LVargus SULCUS WEDGE Extrinsic (wed	R	HEEL LIFT		STS	1	
Full Length Gel Pads None According to cast SI			1/4" STD 1/8	"	Please select a s ankle casting so	ize for your FREE STS ck.		
POCKET Plastazote/PPT Combo According to measureme L Vargus		_	LATERAL WEDGE MEDIAL FLAP		SM LEATHER AFO	M L XI		
As MarkedL Vargus		R R	MET BAR (1-5)		PLASTAZO			
		REARFOOT POSTING	MET PAD #22(S) #40(I			MET PAD ☐ #22(S) ☐ #40(M)		
		Heal Stabalizer Bar STD Extrinsic rearfoot posting		#22(3)#40(M)		#351(Lg)		
Temporarily Fi	ixed @ 90°	according to measureme	·	☐ ☐ BEVEL TO 1/8" THICKNESS]	1 /8"	
Permanently F Dorsi Assist	ixed @ 90°*	L	Motion Motion	☐ ☐ 1 ST RAY CUTOUT	L	INTRINSIC (for bony promir		
*Selection of this m	nodification affects the	valgus	MUIION	DEEP HEEL CUP		ARFOOT POSTIN	IG ValgusR	
	base code: L1970. We reccomend applying the L1940 base code. The L1940 base code			35mm STD 10mm			ValgusR	
	wed by PDAC for this device.	I		(for bony prominence)	·· [ARCH RAIS	SE PAD (1/8")	

PLATINUM COLLECTION POLICIES & PROCEDURES

ORDERING INFORMATION

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 (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
- 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

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)
- · 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.

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 - Plastazote/PPT foot insert; removable; molded to patient model 13020 - Metatarsal pad; longitudinal/metatarsal support 13410 - Metatarsal bar

L3420 - Heel lift L3420 - Heel lift L3480 - Heel cushion with center pocket L3485 - Horseshoe pad L5000 - Toe filler

ADDITIONAL NOTES: