

 <p>Root Laboratory, Inc. 16739 Placer Hills Road Meadow Vista, CA 95722 Toll free: (877) 766-8522 Fax: (530) 878-9310 Email: info@root-lab.com www.root-lab.com</p>	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

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