



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		
<b>PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!</b>		

**CLINICAL INFORMATION**

<b>DIAGNOSIS:</b>	<b>Accommodation location(s):</b> (describe & mark location on cast)
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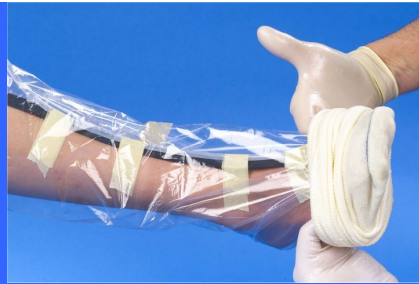
**SUGGESTED BILLING CODES**

- 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