




PHATBRACES.COM



SIMPLICITY!



1. Evaluate your patient
2. Fill out the work order 
3. Cast the patient
 - neutral alignment
 - 1/4" heel height
4. Ship the cast and work order
5. Receive brace and fit patient

\$300 INTRODUCTORY OFFER

Custom Posterior Dynamic AFO

One Per Facility

Attach to work order and ship this coupon with cast

Facility: _____ Practitioner: _____ Expires 3/2007

Bio-Mechanical Composites Inc.—1300 Keo Way—Des Moines, Iowa—50309 Phone: (515) 554-6132 PHATBRACES.COM

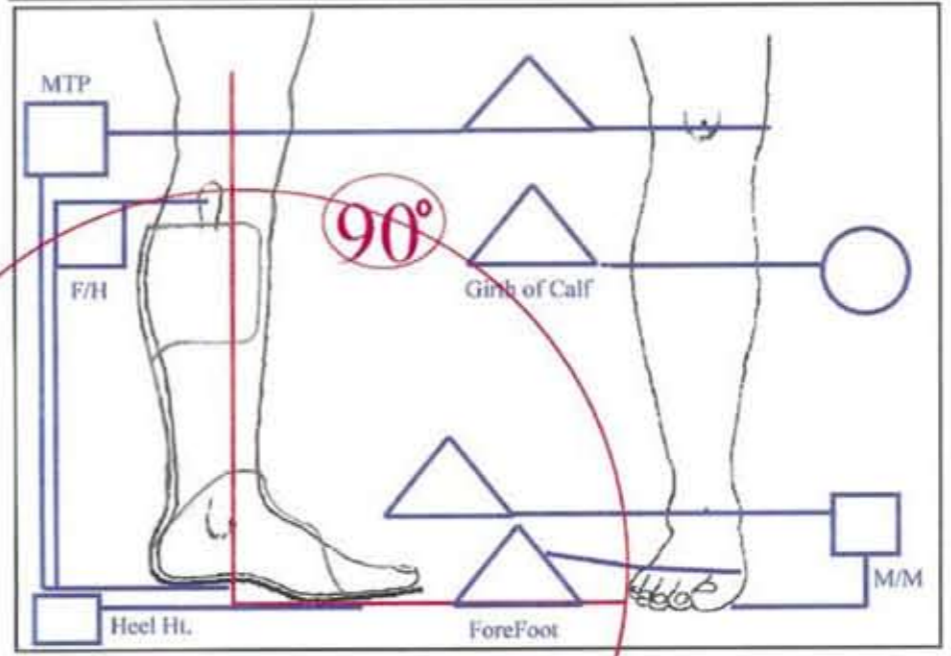
Posterior Dynamic AFO

Bio-Mechanical Composites

1300 Keo Way—Des Moines, Iowa 50309—(515) 554-6132

Patient Name: _____

Date: _____ Right / Left



Posterior Spring	Toe Plate
Flexible Moderate Firm	Flexible Firm

Trim Lines	Lamination
<input type="checkbox"/> Valgus Control	<input checked="" type="checkbox"/> White <input type="checkbox"/> Black
<input checked="" type="checkbox"/> Varus Control	Sleeve: _____ <small>(Fredlegs.com)</small>

ANKLE ANGLE
Changing the angle of the ankle from 90 degrees will change the effect of the orthosis both Stance and Swing phase

NOTE: Patients must be casted in a corrected position.
Maintaining the desired position of the knee joint above the ankle, utilizing a casting board of the desired heel height and maintaining the Valgus/Varus position desired from the orthosis.

Doctor: _____ Practitioner: _____
Diagnosis: _____

- Suggested Billing Codes**
- L1960 - AFO, Molded to patient
 - L2340 - Molded Ant. Tibial Sect.
 - L2250 - Foot Plate, molded with stirrup attachment
 - L2275 - Valgus/Varus correction modification
 - L2280 - Molded inner boot
 - L2755 - Carbon Lamination

Facility Name: _____
Address: _____
City/State/Zip: _____
Phone: _____



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Circle # 158 on Readers' Service Card