



 ComfortFit Orthotic Labs Inc. 246 Columbus Avenue Roselle, NJ 07203 1.888.523.1600 1.908.259.9105 (Fax) e-mail: comfortfitlabs@aol.com www.comfortfitlabs.com	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)		
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 malleolous