Bio-Mechanical Composites Inc.

2505 McKinley Ave.,
Des Moines, Iowa 50321
(515) 554-6132

PHATBrace 2.0

Facility Name: _____

Address _____

City _____

State, Zip _____

Phone _____

Practitioner: _____

Doctor: _____

Patient Information

Name: _____

Date: _____ Right / Left

Ankle Tendency

☐ Valgus ☐ Varus

Plantar Flexion Strength

- ☐ Functional (Good,Normal)
- ☐ Some (Poor,Fair)
- ☐ None (None,Trace)

Dorsal Flexion Strength

- ☐ Functional (Good,Normal)
- ☐ Some (Poor,Fair)
- ☐ None (None,Trace)

Note:

Patients must be casted in a corrected position.

Maintaining the desired position of the knee above the ankle. Utilizing a casting board of the desired heel height and maintaining the Valgus/ Varus position desired in the orthosis.

Posterior Spring Strength

- ◯ **Firm** (Replace Calf ; F/R to Knee)
- ◯ **Moderate** (Support Calf Weakness)
- ◯ **Flexible** (Foot Drop, No Calf Support)

Suggested Billing Codes

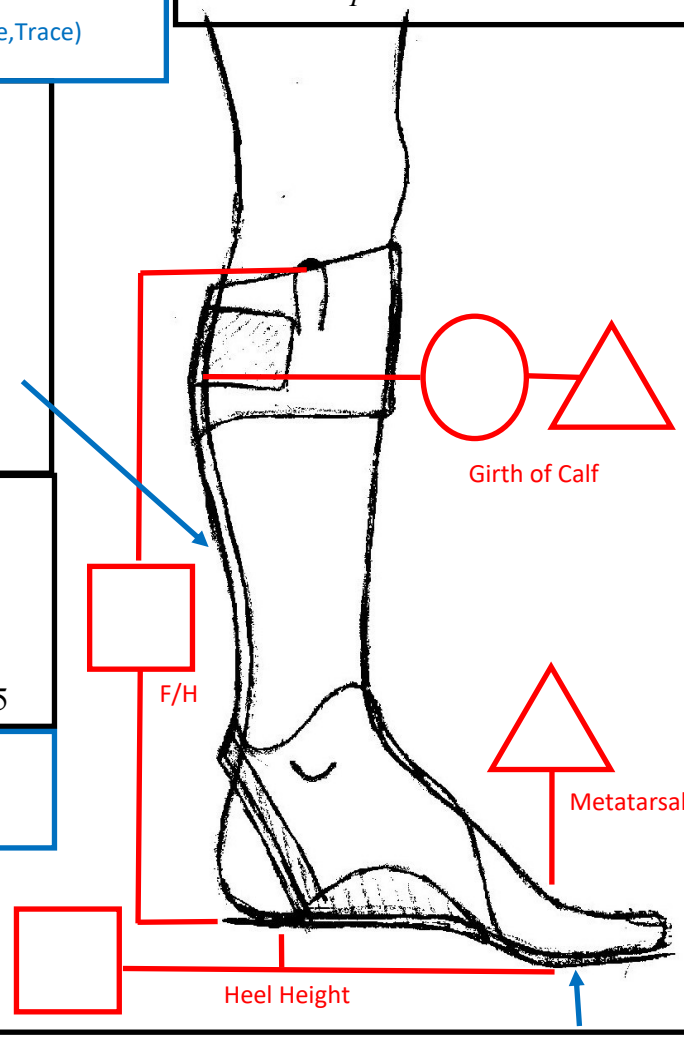
L1945, L2250, L2275, L2280, L2755

Or

L1960, L2340, L2250, L2275, L2280, L2755

Lamination Color

_____



Special Instructions

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Special Instructions

Toe Plate Strength

◯ **Firm** ◯ **Moderate** ◯ **Flexible** (Recommended)