

Bio-Mechanical Composites Inc.



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

PHATBrace 2.0 "ACTIVE"

Facility Name: _____
 Address _____
 City _____
 State, Zip _____
 Phone _____
 Practitioner: _____
 Doctor: _____

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.

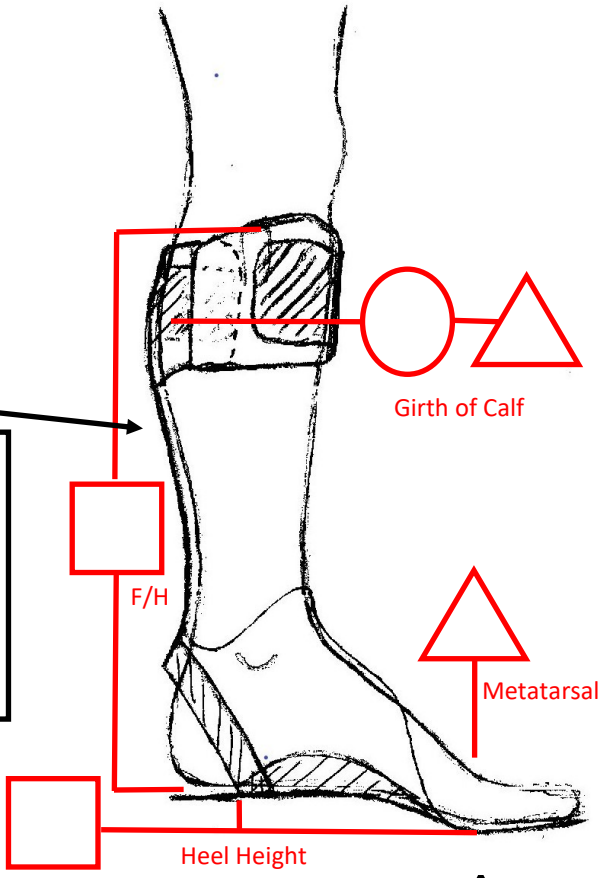
Patient Information
 Name: _____
 Date: _____ Right / Left
Ankle Tendency
 Valgus Varus
Plantar Flexion Strength Dorsal Flexion Strength
 Functional (Good,Normal) Functional (Good,Normal)
 Some (Poor,Fair) Some (Poor,Fair)
 None (None,Trace) None (None,Trace)

Posterior Spring Strength

Firm (Replace Calf ; F/R to Knee)
 Firm Plus (Jogging and Biking)
 X-tra Firm (Running Jumping Activities)

Suggested Billing Codes
 L1945, L2250, L2275, L2280, L2755
 Or
 L1960, L2340, L2250, L2275, L2280, L2755

Special Instructions



Special Instructions

Toe Plate Strength is calibrated automatically