

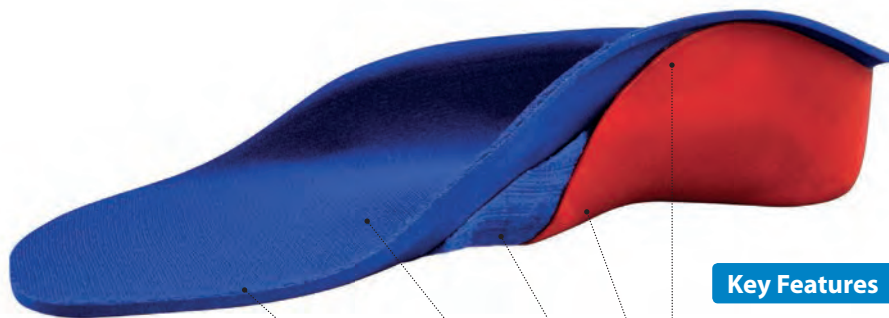
# Fast Fit® Chipmunk®



CASCADE®  
daFO®

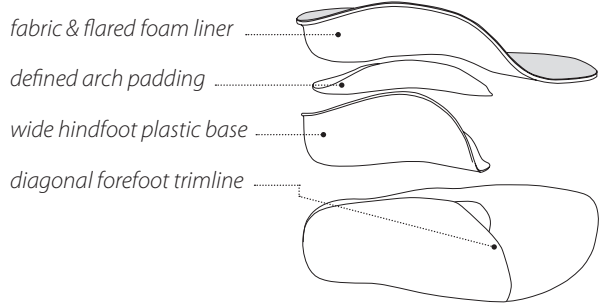
*Prefabricated maximum support foot orthosis*

This low-profile shoe insert is ortho-engineered to control moderate pronation with an optimal amount of support and comfort. The Chipmunk uses an integrated two-part system combining internal support from molded foam contours with the stability of a flat, external base.



## Key Features

- High medial trimline**  
covers the navicular to protect from rubbing.
- Bottom plastic base**  
with diagonal forefoot trimline to facilitate natural push-off. Full heel cup for stabilization.
- Defined arch padding**  
gives additional internal support.
- Plantar surface**  
supports good foot alignment with soft, resilient contours.
- Fabric liner**  
keeps feet cool and comfortable.
- Flattened toe shelf**  
leaves room for toes within the shoes, and can be trimmed to fine-tune the fit. Allows for addition of toe rise pad when desired.



**Prefabricated. Available in a range of pediatric and adult sizes:**  
Widths: Wide and Narrow  
Sizes: 4.00 – 12.25 inches (0.25 inch increments)  
Sizes in Össur Nordic stock: 4.50-9.50 in. wide

## Designed for patients who:

- Exhibit moderate pronation and have a fully correctable foot position. The patient's medial arch is reduced, forefoot is moderately abducted, and heel is everted.
- May benefit from the sensory feedback that a contoured shoe insert can provide.



*Moderate pronation, unstable foot position.*      *Improved foot alignment and steadier gait.*

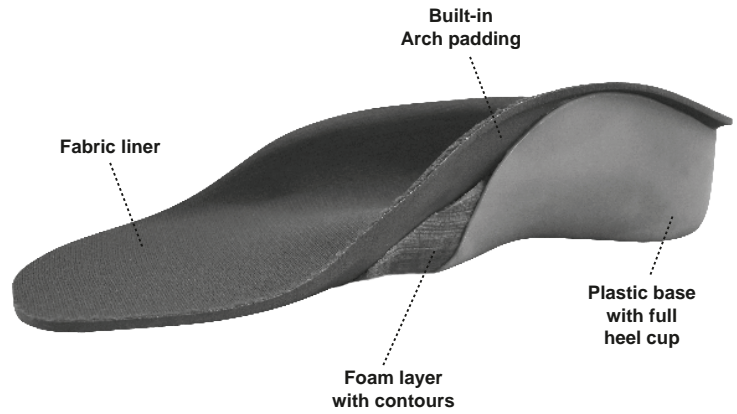
**FAST FIT™**  
*No casting needed!*

**No Casting**

Today's Date: \_\_\_\_\_

Patient	Last name:			
	First name:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Birth date:			
	Parent or Guardian:			
Practitioner	Name:	Title:		
	Facility:			
	Street address:			
	City:	State:	Zip:	
	Phone:			
	Email:			
Payment Options	<input type="checkbox"/> Facility Billing (Practitioner)	-OR-		
	Account Name or #:			
	P.O. N°:	<input type="checkbox"/> CC on file		
	<input type="checkbox"/> Insurance Billing (Parent / Guardian / Practitioner)	-OR-		
	—UCAN N°:			
	<input type="checkbox"/> Direct Purchase (Parent / Guardian)			
	<input type="checkbox"/> Check attached			
	Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover			
	Cardholder's Phone:			
	Credit Card No:			
Billing Information	Exact name on card:			
	Exp. Date:	V-code:		
	Billing Name:			
	Facility:			
	Street address:			
	City:	State:	Zip:	
Shipping	Phone:			
	Email:			
	<input type="checkbox"/> Same as billing information.	-OR-		
	Shipping contact name:			
	Street address:			
City:	State:	Zip:		
Phone:				

**Size**



**Sizing**

Pair  Left  Right

Length: \_\_\_\_\_ 4.00 – 12.25 in.  
(0.25 in. increments)

Width:  Wide  Narrow

**Comments**

Order Chipmunk Rev.4 (Oct 2013)

Thank you!

DISTRIBUTED BY:

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