



MAXFORCE

PARTIAL FOOT ORDER FORM

5513 WEST SLIGH AVE, TAMPA FL 33634

PHONE: 800-919-3668 FAX: 888-484-5927 WWW.KINETICRESEARCH.COM EMAIL:

Company: _____

Location: _____

PO#: _____

Date: _____ Date due: _____

Practitioner: _____

Patient name: _____

Age: _____ Height: _____ Weight: _____

Male Female

Activity level: _____

Pathology: _____

Cast position _____

Correct to _____

Footplate Length: _____

Overall Height: _____

Left Right

Footplate: (available standard only)

Flexibility:

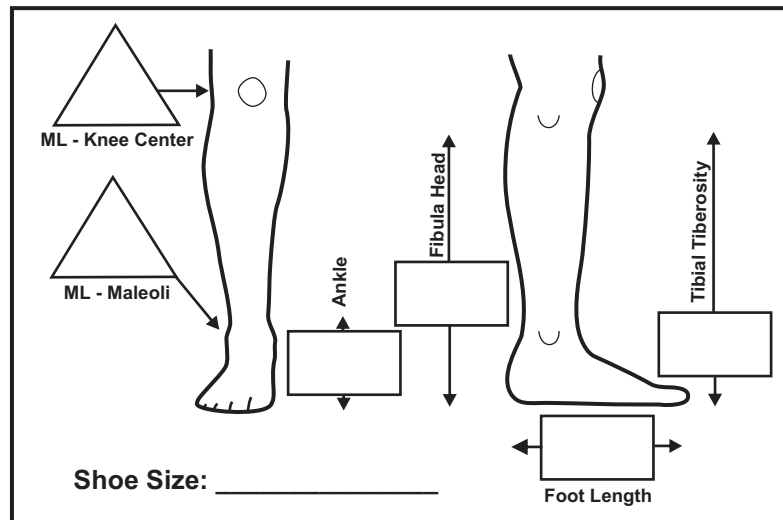
- Some Flex
- Stiff (standard)
- Extra stiff

Strut: Medial (standard) Lateral

Color:

- Black (standard)
- Caucasian
- Kinetic Research provided fabric
- Self provided fabric

Practitioner Notes and Drawspace



Shipping:

- Ground
- 3-day
- 2 day
- Next day PM
- Next Day AM