



# 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 \_\_\_\_\_

All casts will be corrected to 90 degrees on a 3/8" heel height and subtalar neutral unless otherwise specified.

**Left**  **Right**

### Footplate:

Flexibility:

- Some Flex
- Stiff**
- Extra stiff

**Strut:**  **Medial**  Lateral

### Color:

- Black**
- Caucasian\*
- Fabric\*: \_\_\_\_\_

### Practitioner Notes and Drawspace

AFO Height: \_\_\_\_\_

Footplate Length: \_\_\_\_\_

\_\_\_\_\_

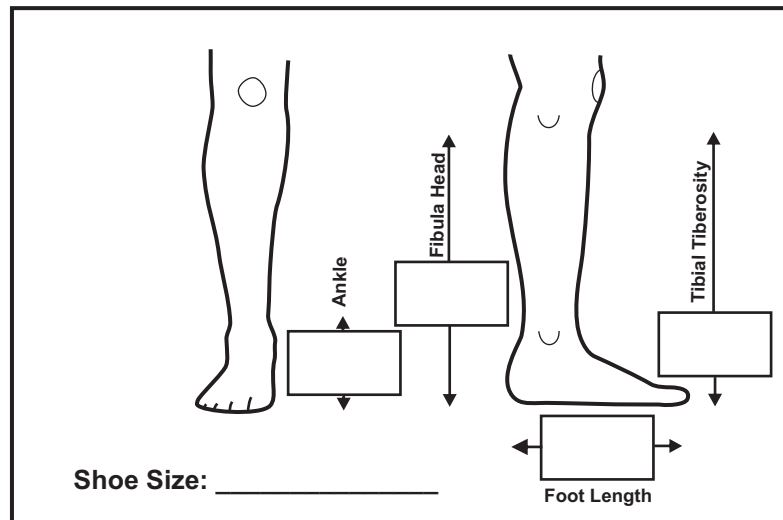
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The Maxforce comes with a long anterior cuff, stiff strut, partial foot prosthesis, and a T-strap.



### Shipping:

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