



# BUILD-TO-ORDER NOODLE AFO ORDER FORM

5513 WEST SLIGH AVE, TAMPA FL 33634

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

## Practitioner Information:

Date: \_\_\_\_\_ PO#: \_\_\_\_\_

Practitioner: \_\_\_\_\_

Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shipping Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Due Date:** \_\_\_\_\_

## Patient Information:

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender:  Male  Female

Shoe Size: \_\_\_\_\_

Activity Level: \_\_\_\_\_

Pathology: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Left**     **Right**

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

Proximal Shell(cuff) Height: \_\_\_\_\_

## Noodle AFO Style:

- Cuff:  Posterior Classic  
 Posterior Hemi-spiral (PDAC L1951)  
 Anterior TA (PDAC L1932)

Strut:  Lateral  Medial

## Flexibility:

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| Strut:                               | Footplate:                           |
| <input type="checkbox"/> Flexible    | <input type="checkbox"/> Flexible    |
| <input type="checkbox"/> Normal      | <input type="checkbox"/> Normal      |
| <input type="checkbox"/> Stiff       | <input type="checkbox"/> Stiff       |
| <input type="checkbox"/> Extra Stiff | <input type="checkbox"/> Extra Stiff |

**Pre-Tibial Shell:**  Yes  No

- Color:**  Black  
 Caucasian  
 Fabric Provided

## Shipping:

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