



Build-to-Order Noodle AFO Order Form

5513 WEST SLIGH AVE, TAMPA FL 33634

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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 |

Pretibial Shell*:

T-Strap*:

Color: Black
 Caucasian*
Fabric*: _____

- Shipping:** Ground
 3-Day
 2-Day
 Next Day PM
 Next Day AM