



CUSTOM FROM CAST NOODLE AFO ORDER FORM

5513 WEST SLIGH AVE, TAMPA FL 33634-4431

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

Company: _____

Location: _____

PO#: _____

Date: _____ Date due: _____

Practitioner: _____

Patient name: _____

Age: _____ Height: _____ Weight: _____

Male Female

Activity level: _____

Pathology: _____

Cast position _____

Correct to _____

Left Right

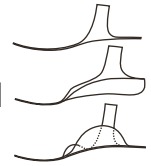
Footplate:

Flexibility:

- Flexible
- Normal
- Stiff
- Extra stiff

Style:

- Flat
- Contoured
- Tri-planar



Strut: Medial Lateral

- Flexible
- Normal
- Stiff
- Extra Stiff

Cuff: Anterior Posterior

Pre-Tibial Shell: Yes No (for use with posterior cuff)

Molded Inner Boot: Yes No

- UCBL
- SMO

Molded Foot Orthotic: Yes No

- Cork & EVA
- Rough cork
- Diabetic

T-Strap: Yes No

Color:

- Black
- Caucasian
- Kinetic Research provided fabric
- Self provided fabric

Shipping:

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

Practitioner Notes and Drawspace
