



Custom From Cast Noodle AFO Order Form

5513 WEST SLIGH AVE. TAMPA, FL 33634

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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**

Noodle AFO Style:

Cuff: Posterior Classic
 Posterior Hemi-spiral
 Anterior TA

Footplate:

Flexibility:

Flexible

Normal

Stiff

Extra stiff

Style:

Flat:



Contoured*:
(must order with extra stiff strut)



Strut: Medial

Lateral

Flexible

Normal

Stiff

Extra Stiff

Pre-Tibial Shell*:

(for use with posterior cuff)

Molded Inner Boot*:

UCBL: 1/8" Polypropylene

SMO: 1/8" Polyethylene

Molded Foot Orthotic*:

Diabetic Insert

Cork/EVA

Rough Cork

T-Strap*:

Color:

Black

Caucasian*

Fabric*: _____

Practitioner Notes and Drawspace

AFO Height: _____

Footplate Length: _____

Shipping:

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