



# GENERAL CUSTOM FABRICATION ORDER FORM

5513 WEST SLIGH AVE, TAMPA FL 33634-4431  
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Left  Right

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

Location: \_\_\_\_\_

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

Date: \_\_\_\_\_ Date due: \_\_\_\_\_

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

Patient name: \_\_\_\_\_

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

Male  Female

Activity level: \_\_\_\_\_

Dx: \_\_\_\_\_

Rx: \_\_\_\_\_

AFO  KO  KAFO

Cast position Ankle: \_\_\_\_\_

Correct to: \_\_\_\_\_

Cast position Knee: \_\_\_\_\_

Correct to: \_\_\_\_\_

Ankle:  PLS  Solid  GRAFO

Noodle Lateral / Medial (Circle)

Articulated : \_\_\_\_\_

Knee Joint: \_\_\_\_\_

Release Kit: \_\_\_\_\_

Calf Cuff :  Anterior  Posterior

Thigh Cuff :  Anterior  Posterior

Pre-tib shell :  Yes  No

Color:

Black (Standard)

Other \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shipping:

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

