



General Custom KAFO/KO Order Form

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Company: _____
 Location: _____
 PO#: _____
 Date: _____ Date due: _____
 Practitioner: _____
 Patient name: _____
 Age: _____ Height: _____ Weight: _____
 Male Female
 Activity level: _____
 Dx: _____
 Rx: _____

Shipping:

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

Left	Right
KO	KAFO

Ankle- **Cast position:** _____
Correct to: _____
 Knee- **Cast position:** _____
Correct to: _____

All casts will be corrected to 90 degrees on a 3/8" heel height and subtalar neutral at the ankle with full extension at the knee unless otherwise specified.

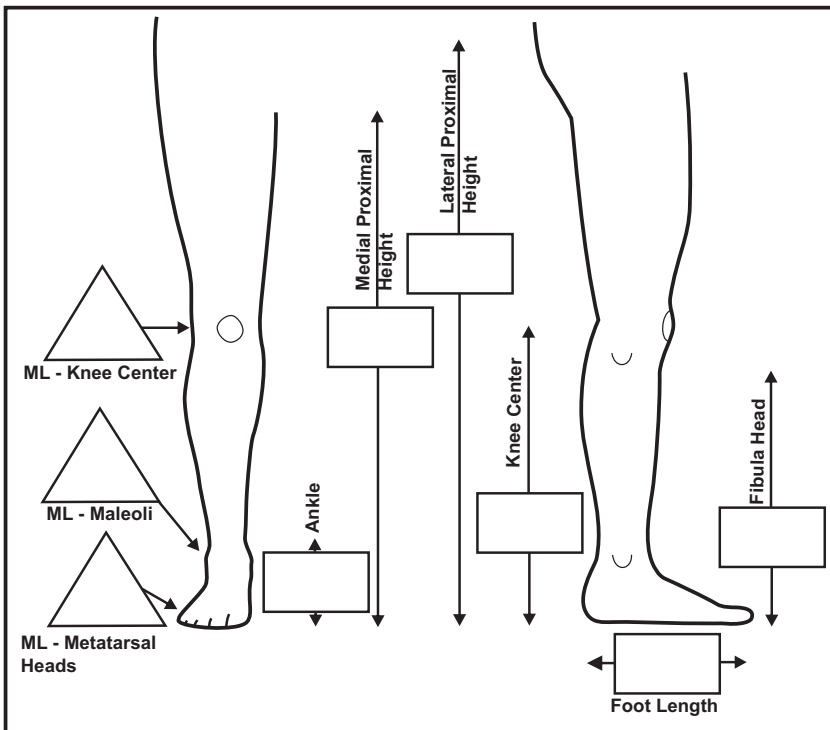
Cuff Position:

Thigh:	Posterior	Anterior	Stepthrough
Calf:	Posterior	Anterior	Stepthrough

Removable Shell: Thigh Calf

AFO Section:

Noodle:	Valganoodle:
Medial	Medial Solid
Lateral	Lateral Dynamic
PLS/Posterior Element	Solid/Side Element
SOTO	Wishbone
Articulated:	
Joint: _____	Bilateral Medial Lateral



Knee Joint: _____
 Bilateral Medial Lateral

Release:

Drop Locks: Ball Retainers
 Lever
 Bliss Kit
 Trigger
 Bail

Notes

Molded Inner Boot*:

UCBL: 1/8" Polypropylene _____
 SMO: 1/8" Polyethylene _____

Color:

Black
 Caucasian*
 Fabric*: _____

*Additional Charges Apply