



SOTO AFO ORDER FORM

5513 WEST SLIGH AVE, TAMPA FL 33634

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: _____

Left **Right**

Cast Position : _____

Correct Position to: _____

Strut: Medial - for varus control

- Flexible
- Normal
- Stiff
- Extra Stiff

Color:

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

Practitioner Notes

Shipping:

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