



Soto 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: _____

Left Right

Cast Position : _____

Correct Position to: _____

All casts will be corrected to 90 degrees on a 3/8" heel height and subtalar neutral unless otherwise specified.

Strut: Medial - for varus control

Flexible

Normal

Stiff

Extra Stiff

Prefibial Shell:

Color:

Black

Caucasian*

Fabric*: _____

Practitioner Notes

AFO Height: _____

Footplate Length: _____

Shipping:

Ground

3-day

2 day

Next day PM

Next Day AM