



VALGANOODLE AFO ORDER FORM

5513 WEST SLIGH AVE, TAMPA FL 33634-4431

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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 _____

Left **Right**

Model:

VNP- Custom ValgaNoodle AFO
(Posterior cuff with removable anterior shell/velcro closure)

VNA-Custom ValgaNoodle AFO
(Anterior cuff with posterior velcro closure)

Strut: Medial Lateral

Solid

Dynamic/Flexible

Articulated

Footplate length _____

Overall Height _____

Footplate:

Flexibility:

Normal

Stiff

Extra Stiff

Style:

Standard

Contoured



Practitioner Notes and Drawspace

Options: (*Indicate Extra fees)

Color: Black (standard)

Caucasian*

Fabric Provided*

Molded Foot Orthotic*: Yes No

Molded SMO*: Yes No

Shipping:

Ground

3-day

2 day

Next day PM

Next Day AM