



MaxForce Partial Foot Order Form

5513 West Sligh Ave, Tampa FL 33634
Phone: 800-919-3668 Fax: 888-484-5927
Email: email@kineticresearch.com

Company: _____

Location: _____

PO#: _____

Date: _____ Date due: _____

Practitioner: _____

Patient name: _____

Age: _____ Height: _____ Weight: _____

Male Female

Activity level: _____

Pathology: _____

Cast position _____

Correct to _____

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

Left **Right**

Footplate:

Flexibility:

- Some Flex
- Stiff**
- Extra stiff

Strut: **Medial** Lateral

Color:

- Black**
- Caucasian*
- Fabric*: _____

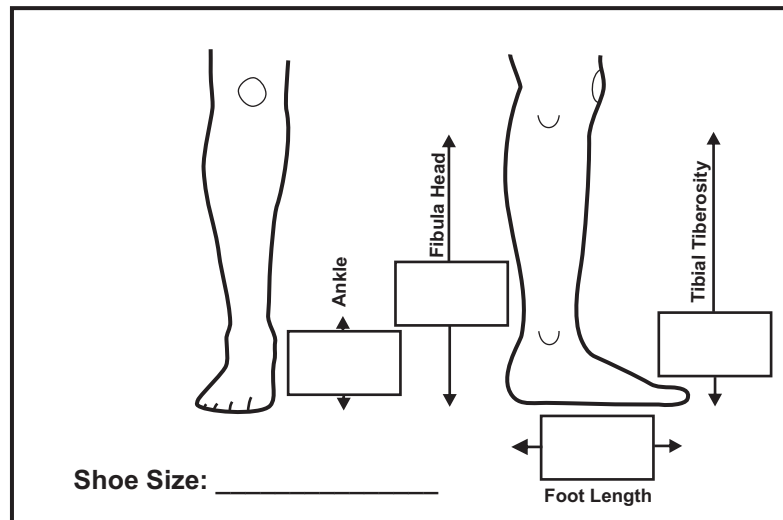
Practitioner Notes and Drawspace

AFO Height: _____

Footplate Length: _____

The Maxforce comes standard with a long anterior cuff, stiff strut, partial foot prosthesis, and a T-strap.

Rush- \$75



Shipping:

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