



# Soto Order Form

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Email: email@kineticresearch.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:** \_\_\_\_\_

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

**Reverse Soto:** (Lateral Strut)

**Pretibial Shell:**

**Color:**

**Black**

Caucasian\*

Fabric\*: \_\_\_\_\_

Please note the Hemi SMO extension will remain a standard black color.

Rush- \$100

Practitioner Notes

AFO Height: \_\_\_\_\_

Footplate Length: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Shipping:**

Ground

3-day

2 day

Next day PM

Next Day AM