



Custom AFO Order Form

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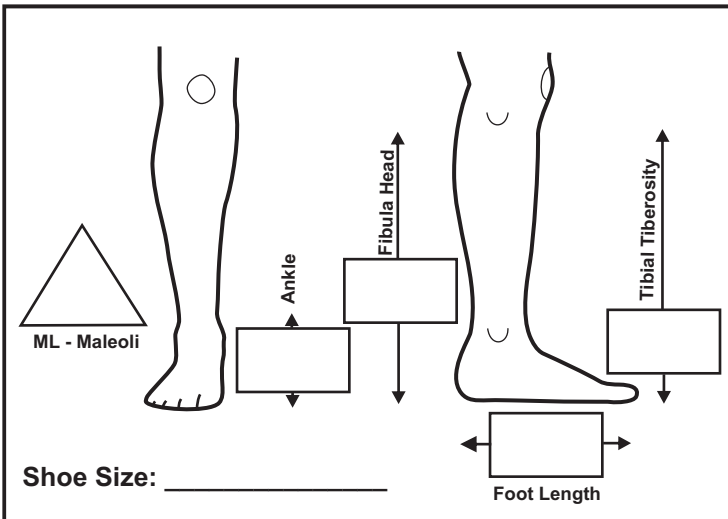
Company: _____
 Location: _____
 PO#: _____
 Date: _____
 Practitioner: _____
 Patient name: _____
 Age: ____ Height: ____ Weight: ____
 Male Female
 Activity level: _____
 Dx: _____
 Rx: _____

Practitioner Notes and Drawspace

AFO Height: _____

Footplate Length: _____

Rush- \$100, 3-5 Business Days



Left

Right

Cast position: _____

Correct to: _____

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

Cuff Position:

Anterior

Posterior

Stepthrough

Prefibial Shell

AFO Type:

PLS/ Posterior Element

(Not available as Anterior Cuff)

ExoSMO

(Includes Inner Boot and Frame)

Solid/ Side Element

Wishbone

Articulated:

Free Motion: _____

Dorsiflexion Assist: _____

Double Action: _____

Footplate Type:

Contoured:



(Comes Standard)

Flat:



Removable Molded Inner Boot*:

UCBL: 1/8" Polypropylene

SMO: 1/8" Polyethylene

Color:

Black (Comes Standard)

Caucasian*

Fabric*: _____

Shipping:

Ground

3-day

2 day

Next Day PM

Next Day AM