



Custom Nano Order Form

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Phone: 800-919-3668 Fax: 888-484-5927
Email: email@kineticresearch.com

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

Correct to: Neutral 90°
 ____° DF ____° PF

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

Left **Right**

Nano AFO Style:

Cuff: Posterior
 Anterior

Strut: Lateral Medial

Flexible
Normal
Stiff
Extra Stiff Heavy Duty Layup*

Footplate:

Flexible
Normal
Stiff
Extra Stiff



Practitioner Notes and Drawspace

AFO Height: _____
Footplate Length: _____

Rush- \$50-\$75, 3-5 Business Days

Shipping:

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

Pre-Tibial Shell*:

(for use with posterior cuff)

Long Anterior Cuff*:

(for use with anterior cuff)

Removable Inner Boot*:

UCBL: 1/8" Polypropylene

SMO: 1/8" Polyethylene

T-Strap*:

Color:

Black
Caucasian*
Fabric*: _____