

## Custom AFO Order Form

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	Left Right
Company:	Cast position:
Location:	Cast position: Correct to:
PO#:	All casts will be corrected to 90 degrees on a 3/8" heel height and subtalar neutral unless otherwise specified.
Date: Date due:	uness une wise specified.
Practitioner:	Cuff Position:
Patient name:	Anterior Posterior Stepthrough
Age: Height: Weight:	Pretibial Shell
Male Female	AFO Type:
Activity level:	PLS/ Posterior Element ExoSMO (Not available as Anterior Cuff) (Includes Inner Boot and Frame)
Dx:	Solid/ Side Element
Rx:	Wishbone
Practitioner Notes and Drawspace	Articulated: Free Motion:
AFO Height:	Dorsiflexion Assist:
Footplate Length:	Double Action:
	Footplate Type:
	Contoured: (Comes Standard)
	Cornobred. (Comes standard)
	Flat:
Rush- \$100	Removable Molded Inner Boot*:
1	UCBL: 1/8" Polypropylene
	SMO: 1/8" Polyethylene
Fibula Head	Color: Black (Comes Standard)
Ankle Fibula Hea	Caucasian* Fabric*:
	¬l
ML - Maleoli	Shipping:
	Ground Next Day PM
Shoe Size: Foot Length	3-day Next Day AM 2 day