

Prefabricated AFO Order Form

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Company Information:		Shipping:	Ground	
Date:	PO#:		3-Day	Next Day PM
			2-Day	Next Day AM
Company:			Ship to meet due date:	
Billing address:				
		Patient Info	nformation:	
Shipping address:		 Patient nam	e:	
		Shoe Size:		

Noodle AFO: Right Left Cuff: Posterior Classic (PDAC L1951) Posterior Hemi-Spiral (PDAC L1951) Anterior TA (PDAC L1932) Strut: Lateral Medial **Adult Size:** Pediatric Size: Extra Small Extra Small Small Small Medium Medium Large Large

Extra Large

Footplate Type:

Pre-cut

Extra Large

Oversized

Nano AFO: Right Left Cuff: Posterior (PDAC L1951) Anterior (PDAC L1932) Strut: Lateral Medial **Adult Size:** Extra Small Small Pediatric Medium coming Large Extra Large

Options:

Pre-Tibial Shell*: T-Strap*:

*Additional Charges Apply

For measurements please visit our website at www.kineticresearch.com