



General Custom KAFO/KO Order Form

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

Shipping:

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

Left **Right**

KO

KAFO

Ankle- **Cast position:** _____
Correct to: _____
 Knee- **Cast position:** _____
Correct to: _____

All casts will be corrected to 90 degrees on a 3/8" heel height and subtalar neutral at the ankle with full extension at the knee unless otherwise specified.

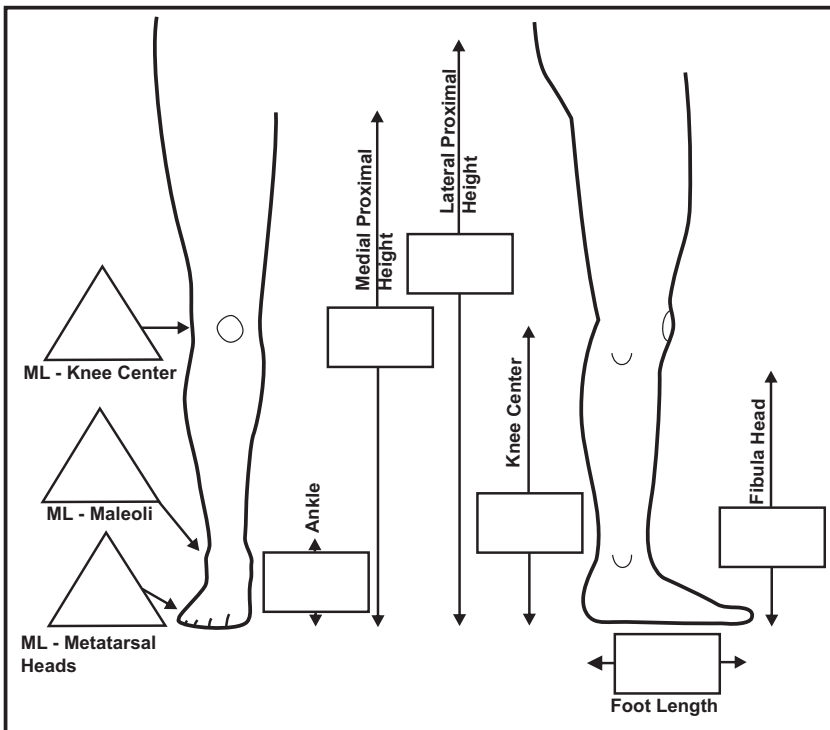
Cuff Position:

| | | | |
|---------------|-----------|----------|-------------|
| Thigh: | Posterior | Anterior | Stepthrough |
| Calf: | Posterior | Anterior | Stepthrough |

Removable Shell: Thigh Calf

AFO Section:

| | | | | | | | |
|---------------------|-----------------------|---------|--------------|--------------------|---------|---------|---------|
| Noodle: | Medial | Lateral | Valganoodle: | Medial | Lateral | Solid | Dynamic |
| | PLS/Posterior Element | | | Solid/Side Element | | | |
| | SOTO | | | Wishbone | | | |
| Articulated: | Joint: _____ | | | Bilateral | Medial | Lateral | |



Knee Joint: _____
 Bilateral Medial Lateral

Release:

Drop Locks: Ball Retainers
 Lever
 Bliss Kit
 Trigger
 Bail

Notes

Molded Inner Boot*:

UCBL: 1/8" Polypropylene
 SMO: 1/8" Polyethylene

Color:

Black
 Caucasian*
 Fabric*: _____

*Additional Charges Apply