



MaxForce Partial Foot Order Form

5513 WEST SLIGH AVE, TAMPA FL 33634

PHONE: 800-919-3668 FAX: 888-484-5927 WWW.KINETICRESEARCH.COM EMAIL:

Company: _____

Location: _____

PO#: _____

Date: _____ Date due: _____

Practitioner: _____

Patient name: _____

Age: _____ Height: _____ Weight: _____

Male Female

Activity level: _____

Pathology: _____

Cast position _____

Correct to _____

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

Left **Right**

Footplate:

Flexibility:

- Some Flex
- Stiff**
- Extra stiff

Strut: **Medial** Lateral

Color:

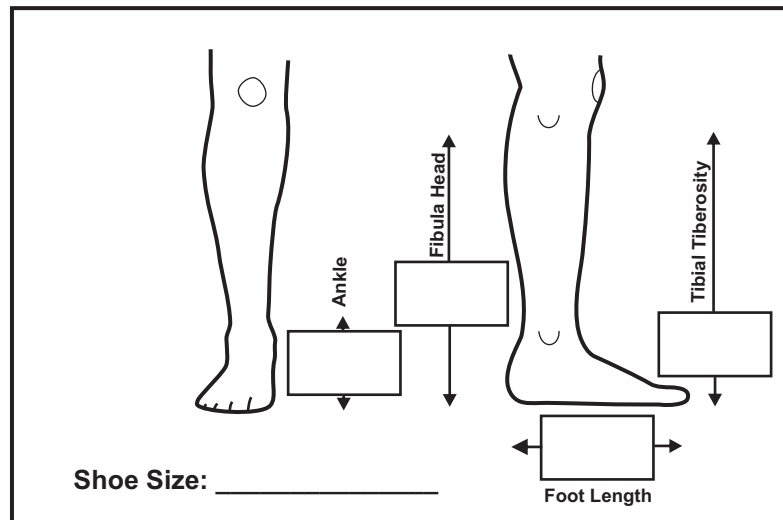
- Black**
- Caucasian*
- Fabric*: _____

Practitioner Notes and Drawspace

AFO Height: _____

Footplate Length: _____

The Maxforce comes with a long anterior cuff, stiff strut, partial foot prosthesis, and a T-strap.



Shipping:

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