



Prefabricated Noodle Order Form

5513 WEST SLIGH AVE, TAMPA FL 33634-4431

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

Practitioner Information:

Date: _____ PO#: _____

Practitioner: _____

Company: _____

Billing address: _____

Shipping address: _____

Due date: _____

Patient Information:

Patient name: _____

Age: _____ Height: _____ Weight: _____

Gender: Male Female

Shoe size: _____

Activity level: _____

Pathology: _____

Order Placement:

- Fax form to 888-484-5927
- Email Scanned form to email@kineticr.com
- Call 800-919-3668

Left Right

Noodle AFO Style:

- Cuff: Posterior Classic
 Posterior Hemi-spiral (PDAC L1951)
 Anterior TA (PDAC L1932)

Strut: Lateral Medial

Size:

- Extra Small
 Small
 Medium
 Large
 Extra Large

Pediatric Size:

- Extra Small
 Small
 Medium
 Large
 Extra Large

FOR MEASUREMENTS PLEASE LOG ONTO OUR WEBSITE WWW.KINETICRESEARCH.COM

Footplate Type:

- Pre-cut
 Over-sized

Pre-Tibial Shell*:

T-Strap*:

- Shipping: Ground
 3-Day
 2-Day
 Next Day PM
 Next Day AM