



ValgaNoodle Order Form

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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**

Model:

Posterior- VNP

Anterior- VNA

Strut:

Medial

Lateral

Solid

Dynamic/Flexible*

Articulated: _____

Footplate:

Flexibility:

Normal

Stiff

Extra Stiff

Style:

Standard:



Contoured:



Practitioner Notes and Drawspace

AFO Height: _____

Footplate Length: _____

Shipping:

Ground

3-day

2 day

Next day PM

Next Day AM

Molded Inner Boot*:

UCBL: 1/8" Polypropylene

SMO: 1/8" Polyethylene

Molded Foot Orthotic*:

Diabetic Insert

Cork/EVA

Rough Cork

T-Strap*:

Color:

Black

Caucasian*

Fabric*: _____