



Build-to-Order Noodle Order Form

5513 West Sligh Ave, Tampa FL 33634
Phone: 800-919-3668 Fax: 888-484-5927
Email: email@kineticresearch.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: _____

Left **Right**

Footplate Length: _____

Proximal Shell(cuff) Height: _____

Noodle AFO Style:

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

Flexibility:

Strut:	Footplate:
<input type="checkbox"/> Flexible	<input type="checkbox"/> Flexible
<input type="checkbox"/> Normal	<input type="checkbox"/> Normal
<input type="checkbox"/> Stiff	<input type="checkbox"/> Stiff
<input type="checkbox"/> Extra Stiff	<input type="checkbox"/> Extra Stiff

Pretibial Shell*:

T-Strap*:

Color: Black
 Caucasian*
Fabric*: _____

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

* Additional Charges Apply