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Custom KAFO/KO Order Form

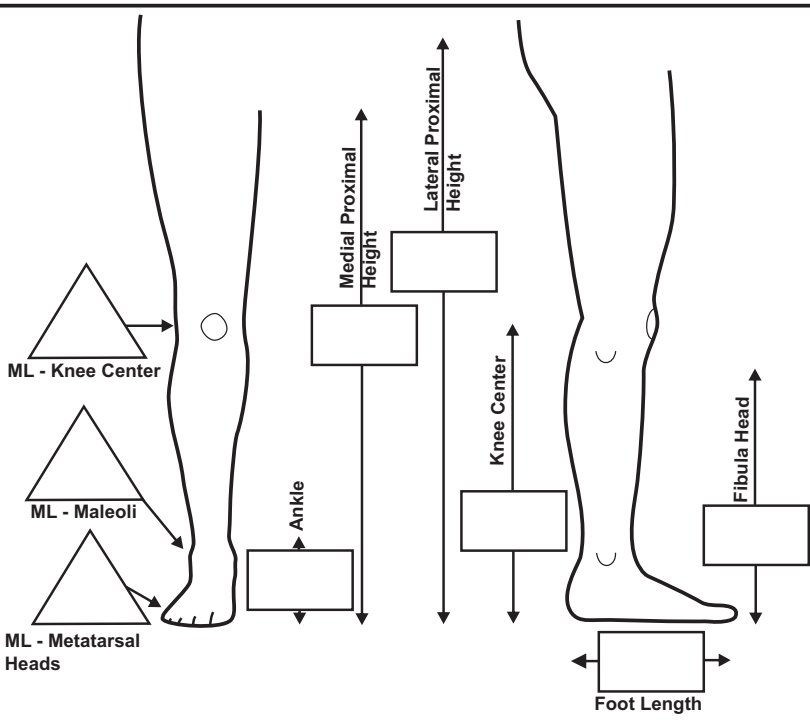
5513 West Sligh Ave, Tampa FL 33634
Phone: 800-919-3668 Fax: 888-484-5927
Email: email@kineticresearch.com

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 _____

Notes



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	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		

Footplate:

Contoured- 
 Flat- 

Removable Inner Boot*:

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

Color:

Black
 Caucasian*
 Fabric*: _____