



Custom Noodle 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: _____
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**

Noodle AFO Style:

Cuff: Posterior Classic
 Posterior Hemi-spiral
 Anterior TA

Footplate:

Flexibility: Flexible
 Normal
 Stiff
 Extra stiff

Style:

Flat:



Contoured*:
(must order with extra stiff strut)



Strut: Medial
 Flexible
 Normal
 Stiff
 Extra Stiff

Lateral

Heavy Duty Layup*

Practitioner Notes and Drawspace

AFO Height: _____

Footplate Length: _____

Shipping:

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

Pre-Tibial Shell*:

(for use with posterior cuff)

Long Anterior Cuff*:

Molded Foot Orthotic*:

Diabetic Insert
Cork/EVA
Rough Cork

Removable Inner Boot*:

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

T-Strap*:

Color:

Black

Caucasian*

Fabric*: _____