



Soto 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: _____

Left Right

Cast Position : _____
Correct Position to: _____
All casts will be corrected to 90 degrees on a 3/8" heel height and subtalar neutral unless otherwise specified.

Strut: Medial - for varus control
 Flexible
 Normal
 Stiff
 Extra Stiff

Reverse Soto: (Lateral Strut)

Pretibial Shell:

Color:
 Black
 Caucasian*
 Fabric*: _____

Practitioner Notes

AFO Height: _____
 Footplate Length: _____

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