



ValgaNoodle 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

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

Removable Inner Boot*:

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

Removable Foot Orthotic*:

Diabetic Insert
Cork/EVA
Rough Cork

T-Strap*:

Color:

Black
Caucasian*
Fabric*: _____