



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*: _____

Please note the Hemi SMO extension will remain a standard black color.

Shipping:

Ground

3-day

2 day

Next day PM

Next Day AM

Practitioner Notes

AFO Height: _____

Footplate Length: _____

