



Aligner Order Form

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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

Joint Location:

- Lateral- Pronation (PTTD)
- Medial- Supination
- Bilateral

Footplate Style:

- Flat 
- Contoured 

Footplate Flexibility:

- Normal
- Stiff
- Extra Stiff

Stops*:

Dorsiflexion: _____ Degrees
Plantarflexion: _____ Degrees

Dorsi Assist Bands*:

Color:

- Black
- Caucasian*
- Fabric*: _____

Shipping:

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

Practitioner Notes and Drawspace
AFO Height: _____
Standard height is 8" proximal to malleolus
Footplate Length: _____

