

Build-to-Order Noodle Order Form

5513 West Sligh Ave, Tampa FL 33634 Phone: 800-919-3668 Fax: 888-484-5927 Email: email@kineticresearch.com

Practitioner Information:	\square Left \square Right
Date: PO#:	Footplate Length:
Practitioner:	
Company:	Proximal Shell(cuff) Height:
Billing Address:	Noodle AFO Style:
	Cuff: Posterior Classic
	Posterior Hemi-spiral (PDAC L1951)
	Anterior TA (PDAC L1932)
Shipping Address:	Strut: \square Lateral \square Medial
	Flexibility:
	Strut: Footplate:
Due Date:	☐ Flexible ☐ Flexible
Patient Information:	□ Normal □ Normal
Patient Name:	□ Stiff □ Stiff
	\square Extra Stiff \square Extra Stiff
Age: Height: Weight:	Pretibial Shell*:
Gender: ☐ Male ☐ Female	T Chan*.
Shoe Size:	T-Strap*:
Activity Level:	Color: <u>Black</u>
Pathology:	Caucasian*
	Fabric*:
	Shipping: Ground
	□ 3-Day □ 2-Day
	□ Next Day PM
Unchecked items will default to our standard fabrication in bold underline. Form revised August 2019	□ Next Day AM