



Custom AFO Order Form

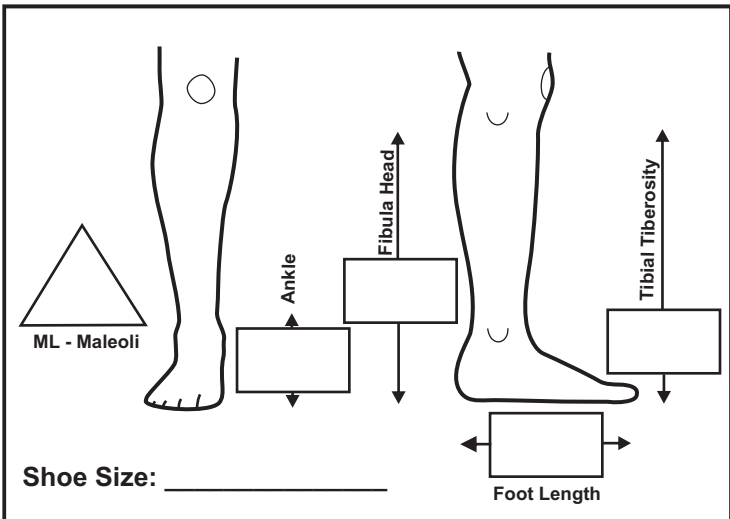
5513 West Sligh Ave, Tampa FL 33634
 Phone: 800-919-3668 Fax: 888-484-5927
 Email: email@kineticresearch.com

Company: _____
 Location: _____
 PO#: _____
 Date: _____ Date due: _____
 Practitioner: _____
 Patient name: _____
 Age: _____ Height: _____ Weight: _____
 Male Female
 Activity level: _____
 Dx: _____
 Rx: _____

Practitioner Notes and Drawspace

AFO Height: _____

Footplate Length: _____



Left

Right

Cast position: _____

Correct to: _____

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

Cuff Position:

Anterior

Posterior

Stepthrough

Prefibial Shell

AFO Type:

PLS/ Posterior Element
(Not available as Anterior Cuff)

ExoSMO
(Includes Inner Boot and Frame)

Solid/ Side Element

Wishbone

Articulated: Free Motion: _____

Dorsiflexion Assist: _____

Double Action: _____

Footplate Type:

Contoured:  (Comes Standard)

Flat: 

Removable Molded Inner Boot*:

UCBL: 1/8" Polypropylene

SMO: 1/8" Polyethylene

Color: Black (Comes Standard)

Caucasian*

Fabric*: _____

Shipping:

Ground

3-day

2 day

Next Day PM

Next Day AM