



www.kineticresearch.com

Custom Nano Order Form

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Email: email@kineticresearch.com

Company: _____

Location: _____

PO#: _____

Date: _____ Date due: _____

Practitioner: _____

Patient name: _____

Age: _____ Height: _____ Weight: _____

Male Female

Activity level: _____

Pathology: _____

Correct to: Neutral 90°
_____ ° DF _____ ° PF

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

Left **Right**

Nano AFO Style:

Cuff: Posterior
Anterior

Strut: Lateral Medial

Flexible
Normal
Stiff
Extra Stiff Heavy Duty Layup*

Footplate:

Flexible
Normal
Stiff
Extra Stiff



Practitioner Notes and Drawspace

AFO Height: _____

Footplate Length: _____

Shipping:

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

Pre-Tibial Shell*:

(for use with posterior cuff)

Long Anterior Cuff*:

(for use with anterior cuff)

Removable Inner Boot*:

UCBL: 1/8" Polypropylene

SMO: 1/8" Polyethylene

T-Strap*:

Color:

Black
Caucasian*
Fabric*: _____