



www.kineticresearch.com

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:

Date: _____ PO#: _____

Practitioner: _____

Company: _____

Billing Address: _____

Shipping Address: _____

Due Date: _____

Patient Information:

Patient Name: _____

Age: _____ Height: _____ Weight: _____

Gender: Male Female

Shoe Size: _____

Activity Level: _____

Pathology: _____

Unchecked items will default to our standard fabrication in bold underline.

Form revised August 2019

Left **Right**

Footplate Length: _____

Proximal Shell(cuff) Height: _____

Noodle AFO Style:

Cuff: Posterior Classic
 Posterior Hemi-spiral (PDAC L1951)
 Anterior TA (PDAC L1932)

Strut: **Lateral** Medial

Flexibility:

Strut:	Footplate:
<input type="checkbox"/> Flexible	<input type="checkbox"/> Flexible
<input type="checkbox"/> Normal	<input type="checkbox"/> Normal
<input type="checkbox"/> Stiff	<input type="checkbox"/> Stiff
<input type="checkbox"/> Extra Stiff	<input type="checkbox"/> Extra Stiff

Pretibial Shell*:

T-Strap*:

Color: **Black**
 Caucasian*
 Fabric*: _____

Shipping: Ground
 3-Day
 2-Day
 Next Day PM
 Next Day AM

* Additional Charges Apply