



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

Practitioner Notes and Drawspace

AFO Height: _____

Standard height is 8" proximal to malleolus

Footplate Length: _____

Rush- \$100

Dorsi Assist Bands*:

Color:

Black

Caucasian*

Fabric*: _____

Shipping:

Ground

3-day

2 day

Next day PM

Next Day AM