



www.kineticresearch.com

Custom KAFO/KO Order Form

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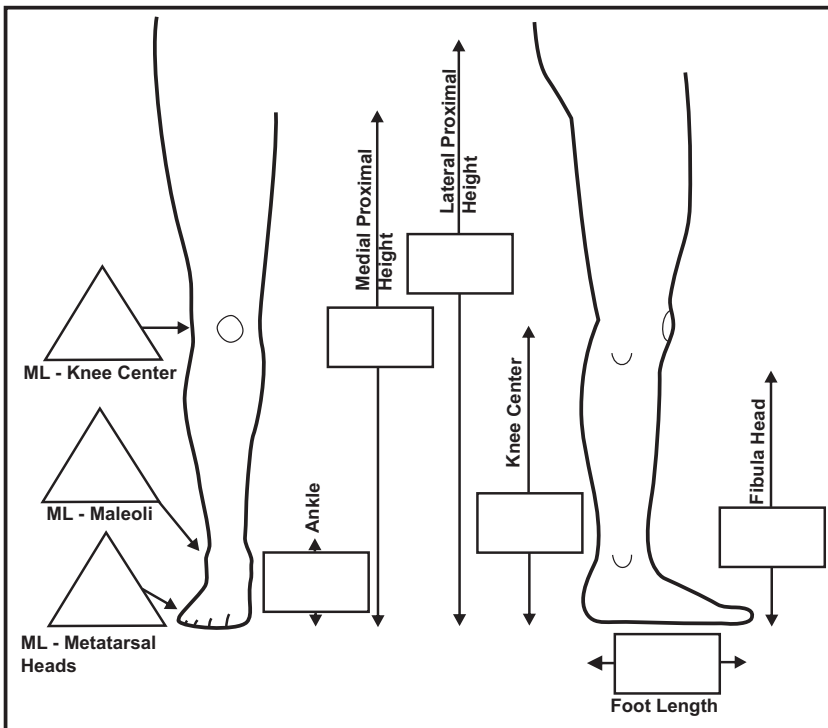
Company: _____
 Location: _____
 PO#: _____
 Date: _____ Date due: _____
 Practitioner: _____
 Patient name: _____
 Age: _____ Height: _____ Weight: _____
 Male Female
 Activity level: _____
 Dx: _____

Rush- KAFO: \$200, KO: \$125

Shipping:

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

Notes



Left

Right

KO

KAFO

Ankle- **Cast position:** _____
Correct to: _____
 Knee- **Cast position:** _____
Correct to: _____

All casts will be corrected to 90 degrees on a 3/8" heel height and subtalar neutral at the ankle with full extension at the knee unless otherwise specified.

Cuff Position:

Thigh:	Posterior	Anterior	Stepthrough
Calf:	Posterior	Anterior	Stepthrough

Removable Shell: Thigh Calf

AFO Section:

Noodle:	Medial	Lateral	Solid	Dynamic
PLS/Posterior Element	Solid/Side Element			
SOTO	Wishbone			
Articulated:	Joint: _____	Bilateral	Medial	Lateral

Knee Joint:

	Bilateral	Medial	Lateral
Release:	Drop Locks:	Ball Retainers	
	Lever	Bliss Kit	
	Trigger	Bail	

Footplate:

Contoured- 
 Flat- 

Removable Inner Boot*:

UCBL: 1/8" Polypropylene
 SMO: 1/8" Polyethylene

Color:

Black (Comes Standard)
 Caucasian*
 Fabric*: _____