



Custom Noodle 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: _____

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**

Noodle AFO Style:

Cuff: Posterior Classic
Posterior Hemi-spiral
Anterior TA

Footplate:

Flexibility:
Flexible
Normal
Stiff
Extra stiff

Style:

Flat:



Contoured*:
(must order with extra stiff strut)



Strut: Medial

Lateral

Flexible
Normal
Stiff
Extra Stiff

Heavy Duty Layup*

Practitioner Notes and Drawspace

AFO Height: _____

Footplate Length: _____

Rush- \$50-\$75

Shipping:

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

Pre-Tibial Shell*:

(for use with posterior cuff)

Long Anterior Cuff*:

Molded Foot Orthotic*:

Diabetic Insert
Cork/EVA
Rough Cork

Removable Inner Boot*:

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

T-Strap*:

Color:

Black

Caucasian*

Fabric*: _____