ValgaNoodle Order Form

KINETIC RESEARCH

www.kineticresearch.com

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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:_____

_____

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**

Model:

☐ Posterior- VNP
☐ Anterior- VNA

Strut: ☐ Medial ☐ Lateral

☐ Solid
☐ Dynamic/Flexible*
☐ Articulated*:_____

Footplate:

Flexibility:

☐ **Normal**
☐ Stiff
☐ Extra Stiff

Style:

☐ **Standard:**

☐ Contoured:

Practitioner Notes and Drawspace

AFO Height: _____

Footplate Length: _____

_____

_____

_____

_____

_____

_____

_____

☐ Rush- $100

Shipping:

☐ Ground
☐ 3 Day
☐ 2 Day
☐ Next Day
☐ Next Day Early AM

Removable Inner Boot*:

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

Removable Foot Orthotic*:

☐ Diabetic Insert
☐ Cork/EVA
☐ Rough Cork

T-Strap*: ☐

Color:

☐ **Black**
☐ Caucasian*
☐ Fabric*:_____

Form revised August 2019

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

*Additional Charges Apply