# Custom Noodle Order Form

KINETIC RESEARCH

www.kineticresearch.com

5513 West Sligh Ave. Tampa, FL 33634
Phone: 800-919-3668 Fax: 888-484-5927
Email: email@kineticresearch.com

Company:_____

Location:_____

PO#:_____

Date:_____

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:*

**Strut:** Medial☐ **Lateral**☐
- ☐ Flexible
- ☐ **Normal**
- ☐ Stiff
- ☐ Extra Stiff

☐ Heavy Duty Layup*

## 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*:_____

Practitioner Notes and Drawspace

AFO Height: _____

Footplate Length:_____

_____

_____

_____

_____

_____

☐ Rush- $50-$75, 3-5 Business Days

**Shipping:**
- ☐ Ground
- ☐ 3-day
- ☐ 2 day
- ☐ Next day PM
- ☐ Next Day AM