

Orthotic KAFO Order Form

Company:	PO:	Due Date:
Address:	Patient Name:	
	Shipping: <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS Next Day	
	<input type="checkbox"/> UPS 2nd Day <input type="checkbox"/> Other	
Practitioner:	Phone:	Email:

KAFO - Type

<input type="checkbox"/> KAFO Thermoplastic	<input type="checkbox"/> KAFO Laminated	
<input type="checkbox"/> Ankle Joint: _____	<input type="checkbox"/> Ankle Joint: _____	
<input type="checkbox"/> Knee Joint: _____	<input type="checkbox"/> Knee Joint: _____	
<input type="checkbox"/> KAFO Prepreg	Specify Color: _____	
<input type="checkbox"/> Dyn.Strut Soft	<input type="checkbox"/> Dyn. Strut Medium	<input type="checkbox"/> Dyn. Strut Hard
<input type="checkbox"/> AnkleJoint: _____		
<input type="checkbox"/> Knee Joint: _____		

Dynamic Struts only available with Prepreg

Patient Information

<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Left	<input type="checkbox"/> Right
Patient Weight: _____	

Ankle Alignment

<input type="checkbox"/> Leave as casted
<input type="checkbox"/> Correct to: _____ °

Hindfoot Alignment

<input type="checkbox"/> Leave as casted
<input type="checkbox"/> Correct to: _____ °

Knee Alignment

<input type="checkbox"/> Leave as casted	<input type="checkbox"/> Varus / Valgus to Neutral
<input type="checkbox"/> Correct to: _____ ° Flexion	<input type="checkbox"/> Varus / Valgus Fixed
<input type="checkbox"/> Correct to: _____ ° Extension	<input type="checkbox"/> Other: _____ °

Liners

<input type="checkbox"/> Full Liner	<input type="checkbox"/> Additional Padding	
<input type="checkbox"/> Partial Liner	_____	
<input type="checkbox"/> Foot	<input type="checkbox"/> Calf	<input type="checkbox"/> Thigh

Liner Materials

<input type="checkbox"/> Bocklite/Pelite	<input type="checkbox"/> Aliplast		
<input type="checkbox"/> Plastazote	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> 2mm	<input type="checkbox"/> 3mm	<input type="checkbox"/> 4mm	<input type="checkbox"/> 5mm
<input type="checkbox"/> Airflex 3mm			

