

PATIENT INFORMATION

Patient: _____
 Age: _____ Sex: _____ Height: _____ Weight: _____
 Diagnosis: _____

PRACTITIONER SHIPPING INFORMATION

Facility: _____
 Clinician: _____
 Address: _____
 City: _____
 State/Province/Region: _____ Zip: _____
 Country: _____
 Phone (Office): _____ Phone (Cell): _____
 Fax: _____ Email: _____

ORDER INFORMATION

PO#: _____

DEVICE SELECTION

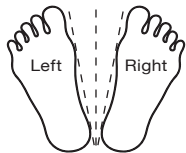
Device Type:



HKAFO KAFO AFO

Side: Left
 Right

Toe Out:



Toe Out Angle:

(+) Toe Out
 (-) Toe In

Left: _____

Right: _____

Ankle Joint Alignment

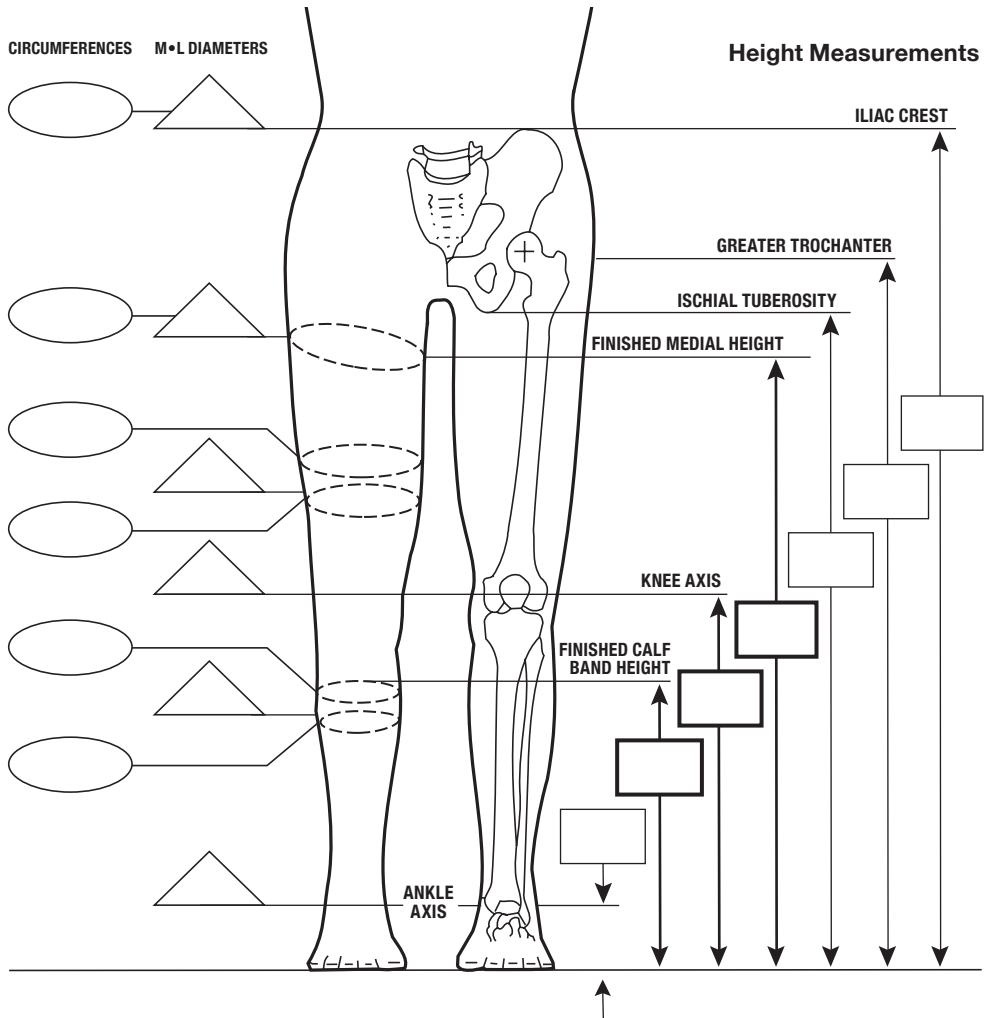
- Mechanical***
- Tibial Torsion

Left: _____ °

Right: _____ °

MEASUREMENTS

Anatomic Measurements Inches Centimeters



Note: If you don't choose an option, the * (default) option will be selected for you.

MATERIALS AND DESIGN

Footplate Options

- Shoe (provided by customer)
- UCBL (requires mold)

Ankle Control Strap Options

- Valgus Control T-Strap
- Varus Control T-Strap

Knee Control Strap Options

- 4-Buckle Strap
- 5-Buckle Strap

Leather Color Options

- Black***
- Beige
- Brown

Lacer Options

- Calf
 - Molded
 - Non-Molded
- Thigh
 - Molded
 - Non-Molded

COMPONENT SELECTION

Ankle Joints

- Standard Action
 - No Motion
 - Stop Motion _____° DF _____° PF
 - Free Motion
- Dorsiflexion Assist
- Double Action

Ankle Joint Stirrup Options

- Solid Stirrup
 - Long
 - Wide
- Split Caliper

Knee Joints

- Free Motion
 - Posterior Offset
- Ring Lock
 - Posterior Offset
 - Ball Catch
- Lever Lock
- Ratchet Lock
- Release System
 - Bail
 - HD Lever
- Other (Specify) _____

Bar Material

- Aluminum
- Stainless Steel

Accessories

- Growth Extensions
- Quick Release
- Infra Patellar Strap
- Supra Patellar Strap
- Femoral Condyle Pad
 - Medial
 - Lateral

SPECIAL INSTRUCTIONS