KAFO WORK ORDER

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ORDER INFORMATION

FACILITY

PRACTITIONER

ORDER DATE / NEED BY DATE /

CONTACT INFORMATION

PHONE #

EMAIL

SHIP TO ADDRESS

PATIENT INFORMATION

PATIENT NAME

HEIGHT / WEIGHT /

AGE

ACTIVITY LEVEL

DELIVERY METHOD

SHIPPING DATE

TRACKING #

◯ **Expedite Order**

ANKLE ALIGNMENT

Neutral	◯ R	◯ L
As Casted	◯ R	◯ L
Dorsi	◯ R °	◯ L °
Plantar	◯ R °	◯ L °
Heel Lift	◯ R	◯ L

KNEE ALIGNMENT

Neutral	◯ R	◯ L
As Casted	◯ R	◯ L
Flexion	◯ R °	◯ L °

Prox. Height

M

L

Knee Center

KNEE JOINT SELECTION

PLASTIC TYPE / THICKNESS

Polypropylene

Copolymer

LDPE

Color

HEEL ALIGNMENT

Neutral	◯ R	◯ L
As Casted	◯ R	◯ L

SIDE

◯ Right ◯ Left

◯ Bilateral

STRAPPING (WIDTH X #)

Proximal

Dorsum

STRAPPING ADDITIONS

◯ Reinforced

◯ Wraparound

AFO SECTION

AFO TYPE

◯ Solid

◯ Semi Solid

◯ Flexible (PLS)

◯ Articulated

FOREFOOT

◯ Full Foot

◯ Sulcus

◯ Mets (3/4)

BORDERS

◯ Long Medial

◯ Long Lateral

ARTICULATED AFO OPTIONS

◯ Tamarack Joint

◯ Tamarack DA Joint

◯ PIVOT Free Motion Joint

◯ Double Action Joint (Molded)

◯ Posterior Stop

◯ SNAPStop

◯ Adjustable Stop

POSTING

◯ Medial Wedge R/L

◯ Lateral Wedge R/L

ANTERIOR SHELL

◯ Sarmiento Style

◯ Clamshell

TRANSFER PAPER

NOTES / FABRICATION INSTRUCTIONS

Every patient is unique with different needs. Please include a foot tracing, if possible. Thank you.