

## KAFO ORDER FORM

Today's date  Due date

### CUSTOMER INFO

Contact person

Company

Location

PO#

### PATIENT INFO

Side  Right  Left  BL

Ambulatory  Non-Ambulatory

Patient

Diagnosis

Activity Level

### ANKLE TRIM

Solid

Articulated

### ANKLE JOINTS

Tamarack

Tamarack Dorsi Assist

Other

### ANKLE STOP

Posterior

Posterior Adjustable

Free Motion

Other

### KNEE JOINT

Free Motion

Bail Lock

Other

### CAST CORRECTIONS

 <b>Hindfoot (Valgus/Verus)</b>	 <b>Forefoot</b>	 <b>Ankle Alignment</b>	<b>Knee Alignment</b>
<input type="checkbox"/> Correct to neutral	<input type="checkbox"/> Correct to neutral	<input type="checkbox"/> Correct to neutral	<input type="checkbox"/> Correct to neutral
<input type="checkbox"/> Do not correct	<input type="checkbox"/> Do not correct	<input type="checkbox"/> Do not correct	<input type="checkbox"/> Do not correct
		Heel Height <input type="text"/>	Degrees <input type="text"/>

### FOOT PLATE TRIM

<input type="checkbox"/> Full Plate	<input type="checkbox"/> Extend Lateral
<input type="checkbox"/> Sulcus	<input type="checkbox"/> Extend Medial
<input type="checkbox"/> Metatarsal	<input type="checkbox"/> Extend Both

### PADDING

Full  Thigh  Calf  Malleolus

Arch  Other

### STRAPS

Instep  Calf  Thigh  T-Strap

### TRANSFER PAPER

### SPECIAL INSTRUCTIONS

