

Patient

Last name: _____

First Initial: _____

Patient ID: _____

☐ Bilateral ☐ Left only ☐ Right only

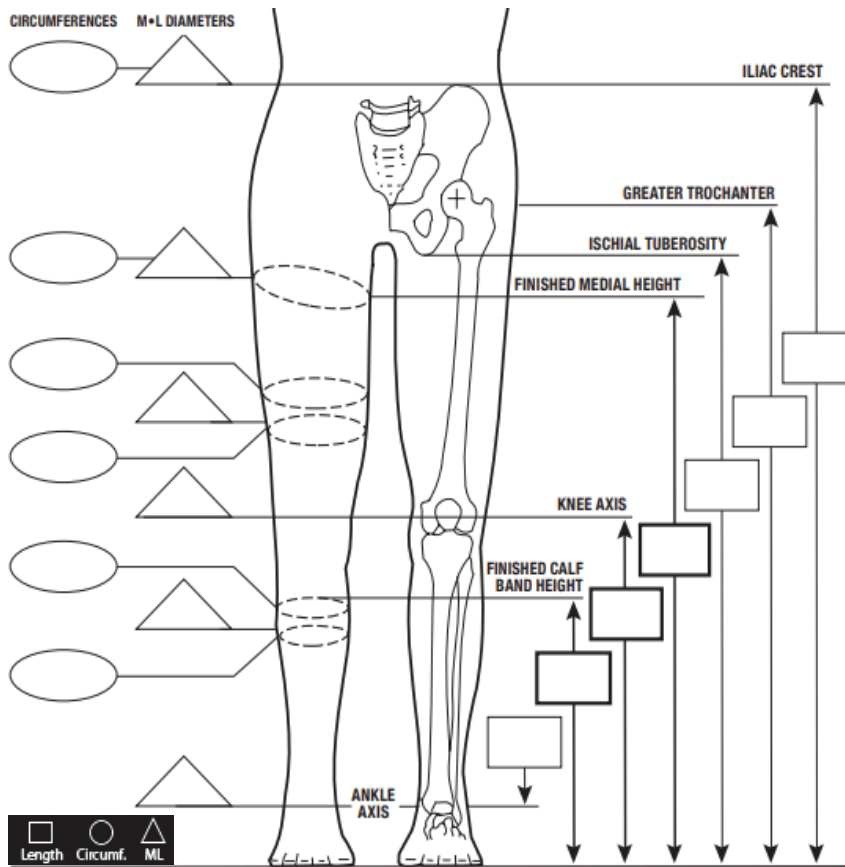
Practitioner: _____

Please change to *your*
name if necessary.

Facility: _____

Construction • Features • Options

FLOOR TO HEIGHT MEASUREMENTS All measurements must be in mm



Materials and Design

FOOTPLATE OPTIONS

- ☐ Shoe (provided by customer)
☐ UCBL (requires entire cast)

ANKLE CONTROL STRAP OPTIONS

- ☐ T-Strap Medial
☐ T-Strap Lateral

KNEE CONTROL STRAP OPTIONS

- ☐ 4-Buckle Strap
☐ 5-Buckle Strap

LEATHER COLOR OPTIONS

- ☐ Black **Standard**
☐ White
☐ Brown

Device Selection



KAFO

SIDE

☐ Left

☐ Right

Toe and Ankle



Toe Out Angle: (+) To Out (-) Toe In

Left: _____

Right: _____

Component Selection

ANKLE JOINT OPTIONS

Double Action

- ☐ No motion
☐ Stop Motion ____ ° DF ____ ° PF
☐ Free Motion

Pins:

- ☐ Anterior ☐ Posterior ☐ Both

Springs:

- ☐ Anterior ☐ Posterior ☐ Both

KNEE JOINTS

Free Motion

☐ Posterior Offset

Ring Lock

☐ Posterior Offset

☐ Ball Catch

☐ Lever Lock

ANKLE JOINT STIRRUP OPTIONS

- ☐ Solid Stirrup Long
☐ Solid Stirrup Wide
☐ Split Caliper

Release System

☐ Bail

☐ HD Lever

☐ Other (Specify)

BAR MATERIAL

- ☐ Aluminum
☐ Stainless Steel

Special Instructions

☐ Rush Order