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Build-to-Order Noodle AFO Order Form

Practitioner Information

Practitioner _____

Company _____

Location _____

PO # _____

Date _____ Date Due _____

Patient Information

Patient Name _____

Age ____ Height ____ Weight ____

Male Female

Activity Level _____

Pathology _____

Patient AFO Measurements

Lateral Malleoli Height _____

Footplate Length _____

Proximal Shell (Cuff) Height _____

Noodle AFO Frame

Foot: Left Right

Cuff: Posterior Anterior

Flexibility

Strut Flex: Flexible
 Normal
 Stiff
 X-Stiff

Footplate Flex: Flexible
 Normal
 Stiff
 X-Stiff

Options

Color: Black
 Caucasian
 Fabric Provided

Pre-Tibial Shell: Yes No
(Available on Posterior Cuff model)

Shipping: Ground
 3-Day
 2-Day
 Next Day PM
 Next Day AM

Noodle Doodle Space