



125 East Chapman Road, Lutz, FL 33549
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Custom Noodle TA AFO Order Form

Company _____

Location _____

PO # _____

Date _____ Date Due _____

Practitioner _____

Patient Name _____

Age ____ Height ____ Weight ____

Male Female

Activity Level _____

Pathology _____

Foot: Left Right

Strut: Lateral Medial

(use Medial Strut only for significant varus condition)

Cast Position _____ Correct to _____

Footplate Length _____

Overall Height _____

Strut Flexibility: Flexible
 Normal
 Stiff
 X-Stiff

Footplate Flexibility: Flexible
 Normal
 Stiff
 X-Stiff

Color: Black
 Caucasian
 Fabric Provided

Options

Molded Foot Orthotic:

Rough 3/4 Length Cushion Cork
 Complete with Full Length EVA Top

Molded Inner Boot:

UCBL
 SMO

Noodle Doodle Space

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