



WWW.KINETICR.COM

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Fabrication Order Form

Date: \_\_\_ / \_\_\_ / \_\_\_ PO #: \_\_\_
Date Required: \_\_\_ / \_\_\_ / \_\_\_
Ordered by: \_\_\_\_\_

Ship to: \_\_\_\_\_
Address: \_\_\_\_\_
City-ST-Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_
Bill to: \_\_\_\_\_
Address: \_\_\_\_\_
City-ST-Zip: \_\_\_\_\_
Patient Name: \_\_\_\_\_
Age: \_\_\_ Sex: \_\_\_ Ht: \_\_\_ Wt: \_\_\_
Activity Level: \_\_\_\_\_
Diagnosis: \_\_\_\_\_
Prescription: \_\_\_\_\_

Please Draw Rough Trim Lines On Your Cast

Device Type: [ ] AFO [ ] KAFO [ ] KO
[ ] Posterior Element (PLS)
[ ] Side Element (solid)
[ ] CROW Boot

Cast Modified by: [ ] Practitioner
[ ] Kinetic Research

Resin: [ ] ReadyPreg Oven Cured / PrePreg
[ ] Acrylic Wet Lamination

Color: \_\_\_\_\_

Lay up: [ ] Light [ ] Standard [ ] Heavy

Footplate Posting [ ] Medial [ ] Lateral [ ] Neutral [ ] None
Length [ ] Pre met [ ] Sulcus [ ] Full Length Rigid [ ] Full Length Flexible

Ankle Type: [ ] Side Element (solid ankle)
[ ] Posterior Element (PLS)
[ ] Ankle Joint: \_\_\_\_\_

Knee Joint Mfg: \_\_\_\_\_
Part #: \_\_\_\_\_

Modification Details: \_\_\_\_\_

Production Details: \_\_\_\_\_