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ValgaNoodle AFO Order Form

Company _____

Location _____

PO # _____

Date _____ Date Due _____

Practitioner _____

Patient Name _____

Age ____ Height ____ Weight ____

Male Female

Activity Level _____

Pathology _____

Drawspace

Cuff: Posterior Anterior

Foot: Left Right

Cast Position _____ Correct to _____

Footplate Length _____

Overall Height _____

Footplate Flexibility: Stiff

X-Stiff

Options: (additional charges apply)

Color: Black is standard

Caucasian

Fabric Provided

Molded Foot Orthotic: Yes No

Molded SMO: Yes No

Molded UCBL: Yes No

Shipping: Ground

3-Day

2-Day

Next Day PM

Next Day AM