

Metal & Plastic KAFO Order Form

Date: _____ (Based off Becker components)

Contact: _____	SHIP VIA:	<input type="radio"/> UPS	<input type="radio"/> FedEx	<input type="radio"/> Cust. P/U
P.O. #: _____				
Phone: _____	SERVICE:	<input type="radio"/> Ground	<input type="radio"/> 3-Day	<input type="radio"/> 2-Day
Fax: _____		<input type="radio"/> ND Saver	<input type="radio"/> Next Day	<input type="radio"/> ND Early AM
Email: _____				

SHIP TO:	BILL TO:	<input type="radio"/> Same as Ship To
Acct #: _____	Acct #: _____	
Name: _____	Name: _____	
Address: _____	Address: _____	
Address 2: _____	Address 2: _____	
City, State, Zip Code: _____	City, State, Zip Code: _____	

PATIENT INFO

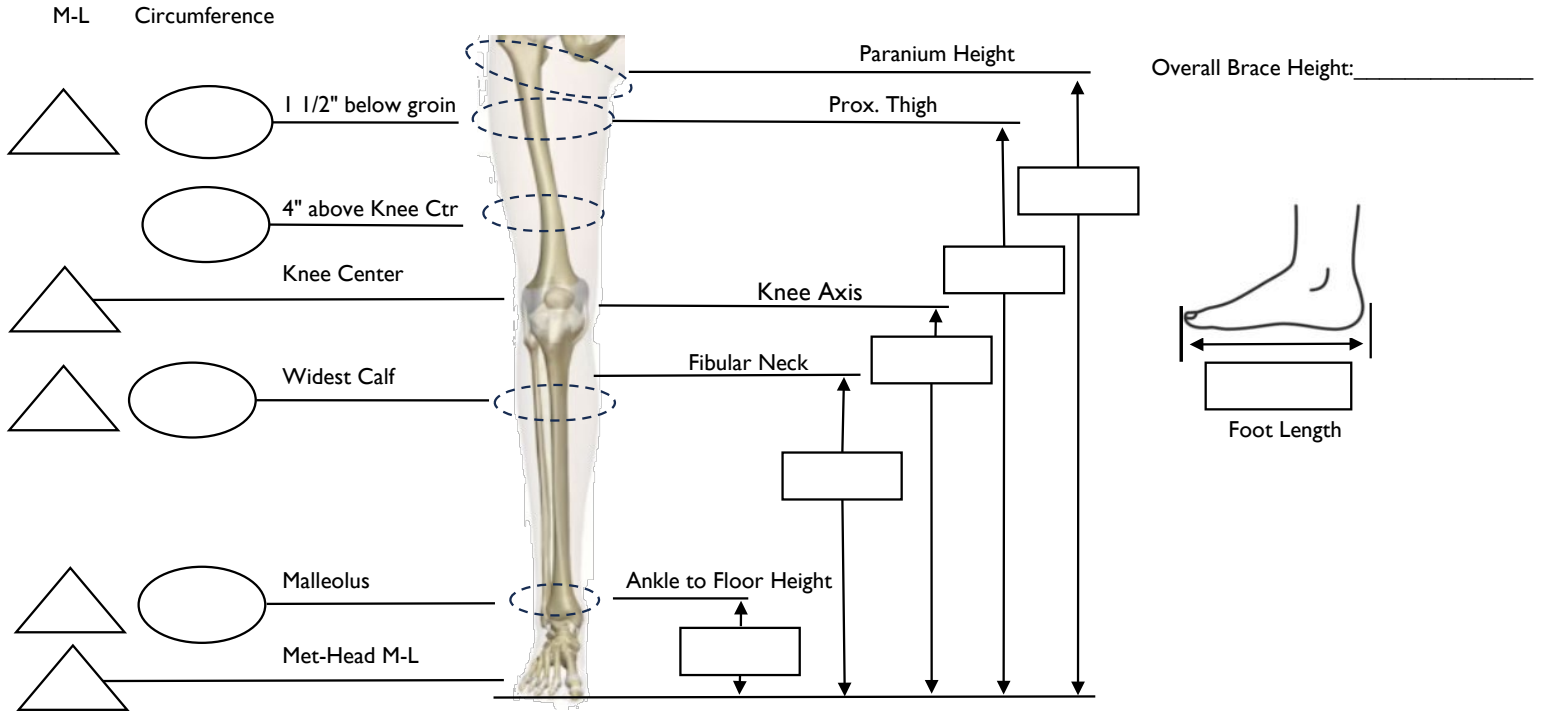
Patient ID: _____	Sex: _____	Diagnosis: _____
Height: _____	Weight: _____	Age: _____

DEVICE SIDE

Left Right Bilateral

MEASUREMENTS

Below measurements are in: Inches CMs



THERMOPLASTIC OPTIONS (Select one from each column)

Type	Thickness	Thigh Cuff	Transfer Paper
<input type="radio"/> Polypropylene <input type="radio"/> Copolymer <input type="radio"/> Polyethylene	<input type="radio"/> 1/8" <input type="radio"/> 3/16" <input type="radio"/> 5/32" <input type="radio"/> 1/4"	<input type="radio"/> Anterior <input type="radio"/> Posterior	Design: _____ _____

Correct cast to: _____ Do not correct cast

Liner (select one from each column)

Type	Thickness	Location
<input type="radio"/> Aliplast <input type="radio"/> Pe-lite <input type="radio"/> Other: _____ _____	<input type="radio"/> 1/8" <input type="radio"/> 5/32" <input type="radio"/> 3/16" <input type="radio"/> 1/4"	<input type="radio"/> Thigh <input type="radio"/> Calf <input type="radio"/> Posterior <input type="radio"/> Anterior <input type="radio"/> Footplate <input type="radio"/> Plantar Surface <input type="radio"/> Other: _____

Ankle Joints (select type)

<input type="radio"/> Tamarack <input type="radio"/> Tamarak Dorsi Assist <input type="radio"/> Tamarak Clevisphere	<input type="radio"/> Oklahoma (Polypro) <input type="radio"/> Gillette <input type="radio"/> Gillette Heavy Duty	<input type="radio"/> Gillette Dorsi Assist <input type="radio"/> Camber Axis Hinge <input type="radio"/> Other: _____
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Size: Adult Youth Child

Posterior Stops

90
 Other: _____
 None

METAL AND LEATHER OPTIONS (Select one from each column)

Color	Closure	T-Strap	Knee Pad	Condyle Pad	Shoe Build-Up
<input type="radio"/> Black <input type="radio"/> Beige <input type="radio"/> Smoked Elk <input type="radio"/> Brown	<input type="radio"/> Hook n Loop <input type="radio"/> Leather Strap & Buckle	<input type="radio"/> Medial <input type="radio"/> Lateral <input type="radio"/> None <input type="radio"/> Padded	<input type="radio"/> 3-Buckle <input type="radio"/> 4-Buckle <input type="radio"/> 5-Buckle <input type="radio"/> Other: _____	<input type="radio"/> Pear <input type="radio"/> Round	<input type="radio"/> None <input type="radio"/> Other: _____

Ankle Joints (select type)

Dorsiflexion Assist
 Double Action
 w/ Pins w/o Pins
 Limited Motion

Stirrup (select type)

Solid
 Solid Long Tongue
 Split

Range of Motion

Plantarflexion _____
 Dorsiflexion _____

KNEE JOINT OPTIONS (Select one from each column)

Type	Material	Size (Large to Small)
<input type="radio"/> Free Motion <input type="radio"/> Ring Lock <input type="radio"/> Lever Lock (Bail) <input type="radio"/> Ball Catch	<input type="radio"/> Aluminum <input type="radio"/> Stainless Steel	<input type="radio"/> 1/4" x 3/4" <input type="radio"/> 3/16" x 5/8" <input type="radio"/> 3/16" x 3/4" <input type="radio"/> 3/16" x 1/2" <input type="radio"/> 1/4" x 5/8" <input type="radio"/> 1/8" x 1/2"

SPECIAL INSTRUCTIONS:
