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CERTIFIED

KIDFAB PEDIATRIC AFO ORDER FORM

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First Name: _____
Last Name: _____
Age: _____ Sex: _____ Height: _____ Weight: _____
Diagnosis: _____
Phone #: _____ Fax #: _____
☐ Right ☐ Left ☐ Bilateral

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Date: _____ P.O.#: _____
Facility: _____
Address: _____
Contact Name: _____
Ship via: _____
Requested Date of Delivery: _____
(Please allow for shipping time)

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Cast



PLS Ankle

KFA-100 PLS
KFA-150 PLS
w/SMO

Scan



Solid Ankle

KFA-200 Solid
KFA-250 Solid
w/SMO

Custom to Measurement



Articulating Ankle

KFA-300 Art.
KFA-350 Art.
w/SMO

FABRICATION INSTRUCTIONS

Modifying Instructions:

Ankle: As Is _____ Correct to 90: _____
Amount: _____ Dorsi: _____ Plantar: _____
Hindfoot: As Is _____ Correct to Neutral
Forefoot: As Is _____ Correct to Neutral
Metatarsal Pad _____ S.T. Mod _____ Other: _____

Components:

ANKLE JOINT: Free _____ Dorsi _____ R.O.M _____ Other _____
PLANTAR STOP: Standard _____ Adj. Stop _____ Other _____

Straps:

Color: Black _____ White _____ Beige _____ Other Color _____
Add Strap: Ankle Strap _____ Dorsum _____ In-Step _____ Forefoot _____
Banjo Strap (Med. Lat.) _____ Check Rein _____ Other _____

Padding & Lining:

Padding: ST Pad _____ Navicular Pad _____ Arch Pads _____
Malleolus Pads _____ Other _____
Specify Material & Thickness: _____
Lining: Full (Calf & Foot) _____ Calf _____ Foot Only _____ Foot Insert _____
Specify Material & Thickness: _____

Posting & Tread:

Posting Material: Crepe _____ Plastic _____
Posting: Heel _____ Forefoot _____ Medial _____ Lateral _____ Amt. _____
Tread: Full Foot _____ Toe Box _____ Heel _____ Black _____ White _____

Reinforcement:

Material: Compcore _____ ProComp _____ Plastic _____
Calf Band _____ Posterior/PLS _____ Ankle(Med&Lat) _____ Ankle Joint _____

Trimlines, Flares, Cut Outs:

Proximal Trim Line Flare _____ Posterior Entry _____ Cut Out _____
Correction Flare _____ Valgus/Medial _____ Varus/Lateral _____
Full Foot _____ Sulcus Length _____ Proximal Mets _____ Other _____
Extend Trimline to Control Forefoot _____ Medial _____ Lateral _____
Dorsum Overlaps Flaps _____ No Overlaps _____

Molded Boots, Lacers, Shells:

Molded InnerBoot: Flexible Plastic _____ LDPE _____ Foam/EVA _____
Dorsum Overlap Flaps _____ No Overlaps _____ Full Overlap/Wrap _____
Molded Calf Lacer: Flexible Plastic _____ LDPE _____ Foam/EVA _____
Pretibial Shell: Polypro _____ Copolymer _____ LDPE _____ Lined _____
Anterior Shell: Exterior Overlap _____ Interior Tuck _____
Flexible Plastic _____ LDPE _____ Other: _____ Lined _____

Plastic & Transfers:

Plastic Type: _____ Thickness: _____
Color: _____ Transfer: _____

