CERTIFIED

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KIDFAB PEDIATRIC SKELETON AFO ORDER FORM

PATIENT

First Name: _____

Last Name: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Diagnosis: _____

_____

Phone #: _____ Fax #: _____

☐ Right ☐ Left ☐ Bilateral

PRACTITIONER

Date: _____ P.O.#: _____

Facility: _____

Address: _____

_____

Contact Name: _____

Ship via: _____

Requested Date of Delivery: _____

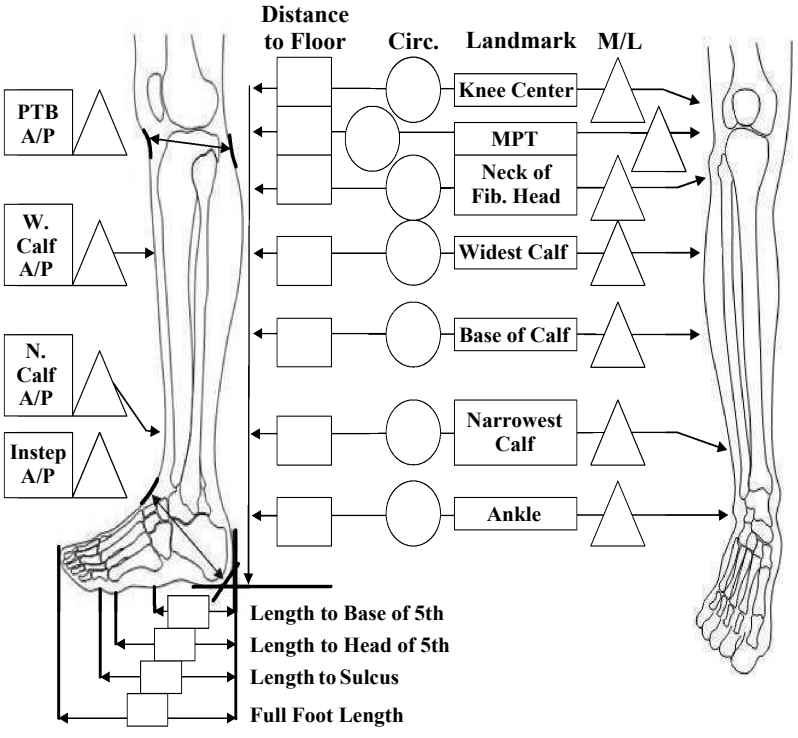
(Please allow for shipping time)

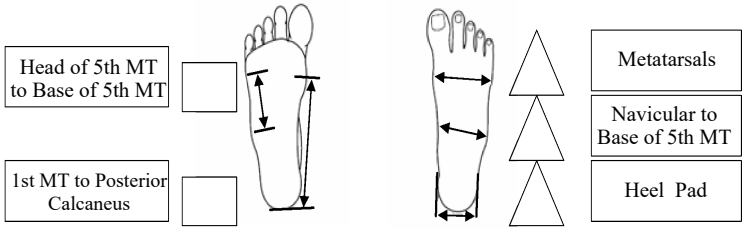
STYLES

☐ **Cast** ☐ **Scan** ☐ **Custom to Measurement**

☐ KFSK-250
Skeleton Solid Ankle SMO/AFO

☐ KFSK-350
Skeleton Art. R.O.M. SMO/AFO





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 Overalps

Molded Boots, Lacers, Shells:

☐ **Molded InnerBoot:** ☐ Flexible Plastic ☐ LDPE ☐ Foam/EVA
☐ Dorsum Overlap Flaps ☐ No Overalps ☐ 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:_____