



ORDER FORM
Kinetic Pro-Kustom & Standard

Date: _____ P.O. # _____
 Account Name: _____
 Billing Address: _____

 City: _____
 State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email Address: _____

Ship To (if different than billing address):
 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Ship Method (charges may vary):
 Next Day 2 Day 3 DAY Ground

Brace Prescription:

Brace: Design:
 Left Standard (Double uprights, 35mm heel cup, plastic and top cover to mets) Supra malleolar cast
 Right Pro-Kustom * (Design your brace).
 Pair *Custom molded connected uprights mid-calf cast mold required (Additional charges will apply to options available)
 Pediatric * (Standard or Pro-Kustom design)

Patient Info:
 Patient Name: _____
 Age: _____ Sex: M F Ht: _____ Wt: _____
 Occupation: _____
 Primary Activities: _____

 Diagnosis: _____
 Shoe Size: _____ Type of Shoes: _____

Ankle:
 Full Flexion (Std.) Fixed Ankle
 Pre-Flexed Dynamic Dorsi/ Assist*
 Restricted Motion - 90° Tamarack*
 Adjustable Variable Range of Motion*
Heel Cup:
 35 mm (Standard)
 18 mm
 14 mm
 Other: _____

Top Cover:
 EVA (Standard)
 Spenco *
 Diabetic (Plastazote/Poron) *
 Add Poron Cusion to Extension*
 (including accommodations if requested)
Top Cover Length:
 Mets (Standard)
 Sulcus
 Toes

*Extra Cost Options

Foot Orthosis:
 Standard Medial Flange
 Narrow
 Plastic to Mets (standard)
 Plastic to Sulcus
 Plastic to End of Toes
Forefoot Posting:
 Medial (Valgus Control) _____ Degrees*
 Lateral (Varus Control) _____ Degrees*
 Scaphoid (Medial Support Sling)*
 Cuboid (Lateral Support Sling)*
 Zero
Additional/Accommodations:
 Heel lift: _____ mm
 As marked on cast and noted
 Lateral Flange
 (use with abducted forefoot)
Orthotic Plate Accommodation:
 Navicular
 Medial Fascial Band
 Styloid 5th Met
 Other: _____

*Extra Cost Options/Call for price

Cast Modifications
Medial Heel Skive:
 0° 4°
 2° 6°
 Lateral Heel Skive
Arch Fill: (determines fit of orthotic to arch of foot)
 Minimum; snug fit, no forgiveness
 Standard; close conformity, some forgiveness
 Maximum

Special Instructions: Mark Accommodation Location(s) here and on Cast.



With each shipment, we provide a mid-calf STS casting sock free of charge.
 Medium Large X-Large None at this time

