

KAFO/HKAFO ORTHOMETRY FORM CONTINUED:

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

Street: _____ Diagnosis: _____

City: _____ State: _____ Zip: _____

Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

LEG: Left Right Bilateral **MATERIAL:** Thermoplastic Metal and Leather **TYPE:** KAFO HKAFO

Thermoplastic Options

Plastic (select one from each column)

Type	Thickness	Location	Flares
<input type="checkbox"/> Polypropylene	<input type="checkbox"/> 1/8"	<input type="checkbox"/> Anterior	<input type="checkbox"/> Proximal
<input type="checkbox"/> Copolymer	<input type="checkbox"/> 5/32"	<input type="checkbox"/> Posterior	<input type="checkbox"/> Medial
<input type="checkbox"/> Polyethylene	<input type="checkbox"/> 3/16"		<input type="checkbox"/> Lateral
	<input type="checkbox"/> 1/4"		

Correct cast to: _____ Do not correct cast

Liner (select one from each column)

Type	Thickness	Location
<input type="checkbox"/> Aliplast	<input type="checkbox"/> 1/8"	<input type="checkbox"/> Thigh <input type="checkbox"/> Posterior
<input type="checkbox"/> Med-Density Pelite	<input type="checkbox"/> 5/32"	<input type="checkbox"/> Anterior <input type="checkbox"/> Foot Plate
<input type="checkbox"/> Heavy-Density Pelite	<input type="checkbox"/> 3/16"	<input type="checkbox"/> Plantar Surface
	<input type="checkbox"/> 1/4"	<input type="checkbox"/> Other _____

Ankle Joints (select type)

- | | |
|--|--|
| <input type="checkbox"/> Tamarack | <input type="checkbox"/> Gillette |
| <input type="checkbox"/> Tamarack Dorsi Assist | <input type="checkbox"/> Gillette Heavy Duty |
| <input type="checkbox"/> Tamarack Variable Assist™ | <input type="checkbox"/> Gillette Dorsi Assist |
| <input type="checkbox"/> Tamarack Clevisphere™ | <input type="checkbox"/> Camber Axis Hinge® |
| <input type="checkbox"/> Oklahoma (Polypro) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Oklahoma (Heavy Duty Nylon) | |
- Size:** A (Adult) B (Youth) C (Child)

Posterior Stops

- 655 755 795 Other _____ None

Metal and Leather Options

Leather (select one from each column)

Color	Closure	T-Strap	Knee Pad	Condyle Pad
<input type="checkbox"/> Black	<input type="checkbox"/> Hook & Loop	<input type="checkbox"/> Medial	<input type="checkbox"/> 3-Buckle	<input type="checkbox"/> Round*
<input type="checkbox"/> Beige	<input type="checkbox"/> Leather	<input type="checkbox"/> Lateral	<input type="checkbox"/> 4-Buckle	<input type="checkbox"/> Pear
<input type="checkbox"/> Smoked Elk	<input type="checkbox"/> Strap & Buckle	<input type="checkbox"/> None	<input type="checkbox"/> 5-Buckle	* Cannot use with 1002 KJT
<input type="checkbox"/> Brown				
<input type="checkbox"/> White				

Ankle Joints (select type) Stirrup (select type)

- | | |
|--|---|
| <input type="checkbox"/> Dorsiflexion Assist
<input type="checkbox"/> Dorsiflexion Plus Assist
<input type="checkbox"/> Slim Line Double Action
<input type="checkbox"/> Original Double Action
<input type="checkbox"/> Standard Action | <input type="checkbox"/> Solid
<input type="checkbox"/> Solid Wide Flange
<input type="checkbox"/> Split
<input type="checkbox"/> UCBL
<input type="checkbox"/> Other _____ |
|--|---|
- Size:** A (Adult) B (Youth) C (Child)

Range of Motion

- Plantarflexion _____ Dorsiflexion _____

Hip Joint Options

Hip Joints (select one from each column)
Please see catalog section 3 for model numbers

Type	Size
<input type="checkbox"/> Free Motion	<input type="checkbox"/> A (Adult)
<input type="checkbox"/> Ring Lock	<input type="checkbox"/> B (Youth)
<input type="checkbox"/> Adjustable R.O.M.	<input type="checkbox"/> C (Child)
Model Number: _____	<input type="checkbox"/> I (Infant)

Knee Joint Options

Knee Joints (select one from each column)
Please see catalog section 4 for model numbers

Type	Material	Size	Upright Finish
<input type="checkbox"/> Free Motion	<input type="checkbox"/> Aluminum	<input type="checkbox"/> 1/4" x 3/4"	(Select Type)
<input type="checkbox"/> Ring Lock	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> 3/16" x 3/4"	<input type="checkbox"/> High Buff
<input type="checkbox"/> Lever Lock (Bail)	<input type="checkbox"/> Titanium*	<input type="checkbox"/> 1/4" x 5/8"	<input type="checkbox"/> Bead Blast
<input type="checkbox"/> Ratchet Lock	<input type="checkbox"/> Carbon Fiber	<input type="checkbox"/> 3/16" x 5/8"	Thermoclad
<input type="checkbox"/> Model Number: _____	(9003 only)	<input type="checkbox"/> 3/16" x 1/2"	<input type="checkbox"/> Black
	* Not available on all Joints	<input type="checkbox"/> 1/8" x 1/2"	<input type="checkbox"/> White
			<input type="checkbox"/> Blue

Contoured: Medial Lateral Both None

Specials

- | | |
|---|---|
| Growth Adjustments
<input type="checkbox"/> AK
<input type="checkbox"/> BK | Laminated Thigh
<input type="checkbox"/> Anterior Cuff
<input type="checkbox"/> Posterior Cuff |
|---|---|
- Additional add-ons**
- Ball Catch
 Thigh Lacer
 Calf Lacer
 HD Lever Release Kit
 SS Footplate (please provide cast)
 Tongue: AK BK
 Other: _____

Additional Instructions: _____
