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Standard KAFO/HKAFO Order Form

Cast Date _____ Customer Account _____
 Practitioner _____ PO# _____
 Office Phone _____ Cell _____
 Ship to Address _____

 City _____ State _____ Zip _____
 Date Needed _____ Ship Via _____
 To Cast To Scan **RUSH**
Charges Apply

Design

AFO Solid **Thigh** Anterior Shell Posterior Shell
 Trim Semi-Solid Tongue: Material _____
 PLS **HKAFO** Metal/Leather Band Plastic Band

Patient

Patient Name: _____ **Height:** _____
Weight: _____ **Age:** _____ Left Right Bilateral

Cast Corrections

ANKLE ALIGNMENT (Dorsiflexion-Plantarflexion)
 Correct to Neutral No Correction (cast OK) Correct to _____° PF DF

FOREFOOT ALIGNMENT (In Finished Brace)
Left As Casted Neutral Correct to _____° Valgus Varus
Right As Casted Neutral Correct to _____° Valgus Varus

HINDFOOT ALIGNMENT Correct to Vertical Do Not Correct

KNEE ALIGN Neutral To Cast _____° Valgus / Varus _____° Flexion / Extension

Positive Mold Modifications

Tone Reduction Mods Flare Proximal → Calf Thigh
 Metatarsal Arch Mod Other _____

BUILDUPS (Please Mark Locations on Cast)
 Base of 5th Navicular Calcaneus
 Other _____

NOTES

Fabrication - Options

MATERIAL Thermoplastic Carbon (Wet-Lam) Pre-Preg
 PP Copolymer TPE Other _____ Thickness _____
 Color/Pigment _____ Transfer Pattern

PADDING → Pulled Into Device -OR- Install After Pull
 Type: Aliplast Plastazote EVA P-Cell Other _____
 Thickness _____ Color: _____
 Location: Full Liner Thigh Calf Plantar Surface Malleolus
 Condyle Pads Other _____

JOINT Ankle: Tamarack Tamarack Dorsi Dur. ___ Camber Axis(750)
 Other Man. _____ Part# _____
 Knee: Joint Type _____ Man. _____ Part# _____
 Hip: Free Ring Lock → Ball Catches Other _____
 Release: Lever Trigger Becker BLISS None Other _____

PLANTAR STOP None (Free Motion) Plastic Elite Post Stop
 Other Manufacturer _____ Part# _____

PLANTAR STABILIZATION (Posting) → None Plastic EVA
 Heel Midfoot Both Entire Plantar Surface with Foam
 Non-Skid Bottom Arch Fill

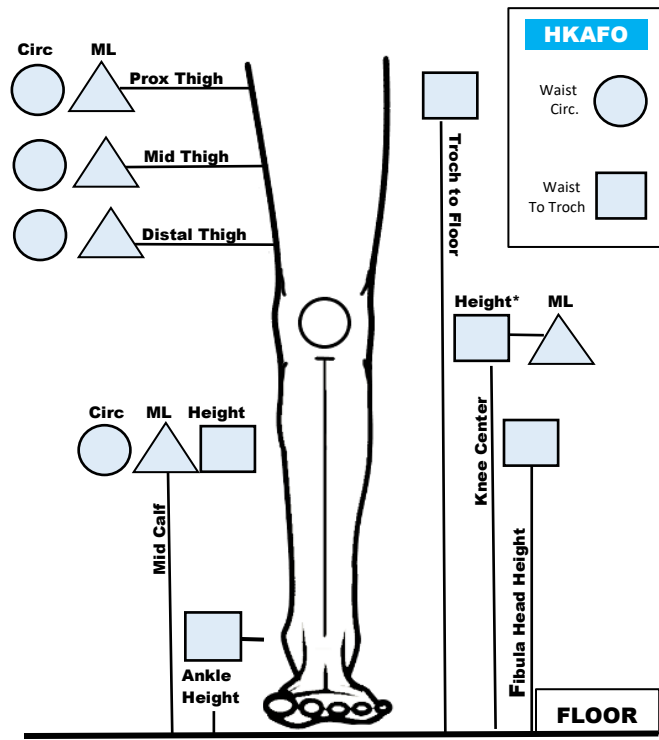
STRAPS Hook & Loop -OR- Dacron Reinforced Color _____
 Instep Strap → Pron. Control -OR- Sup. Control -OR- External
 Knee Cap (4 Buckle) Knee Abd Cap (3 Buckle) Recurvatum Strap
 Patella Strap Other _____

REINFORCEMENT Comp-Core Corrugated

TRIM Growth Extensions → Calf Thigh Hip All
 SMO Inner Boot → Integrated Trim -OR- Removable
 Material (DurrFlex if none indicated) _____
 Dorsal Wrap Sabolich Trim → M -OR- L

Footplate Length: Full Foot To Mets (3/4) Sulcus
M/L Walls: (AFO) Low Profile Supination Control Pronation Control
 Proximal to Mets → 1st Met -OR- 5th Met -OR- Both
Thigh: Condyle Extension → Medial -OR- Lateral -OR- Both
Tibia Shell Anterior Over Posterior -OR- Anterior Into Posterior

IMPORTANT- Be sure to mark Knee Center and other Boney Prominences on cast



Casted Heel Height _____ " None
***Finish Lateral Trim Ht** _____ **Medial Ht.** _____
Foot Length _____