

# Metal & Plastic KAFO Order Form

2801 Dodds Ave., Unit 103, Chattanooga, TN 37407  
 P : (423) 617-0901 | F : (423) 661-7473 | workorders@onesourceoandp.com | www.onesourceoandp.com

## Billing and Shipping Information

OneSource Account # :

Contact for ordering or delivery questions

Contact :

Email :

Mobile Phone :

Ship To:

Company :

Address :

City/ State/ Zip :

Contact :

Phone :

Fax :

Email :

PO # :

Shipping Check Priority :  Ground  2<sup>nd</sup> Day  
 (shipping calculated separately per order)

Completion of this order form with the most accurate and up-to-date information, including all patient information, measurements, and construction information allows us to provide the highest quality product for you and your patient

## Required Patient Information

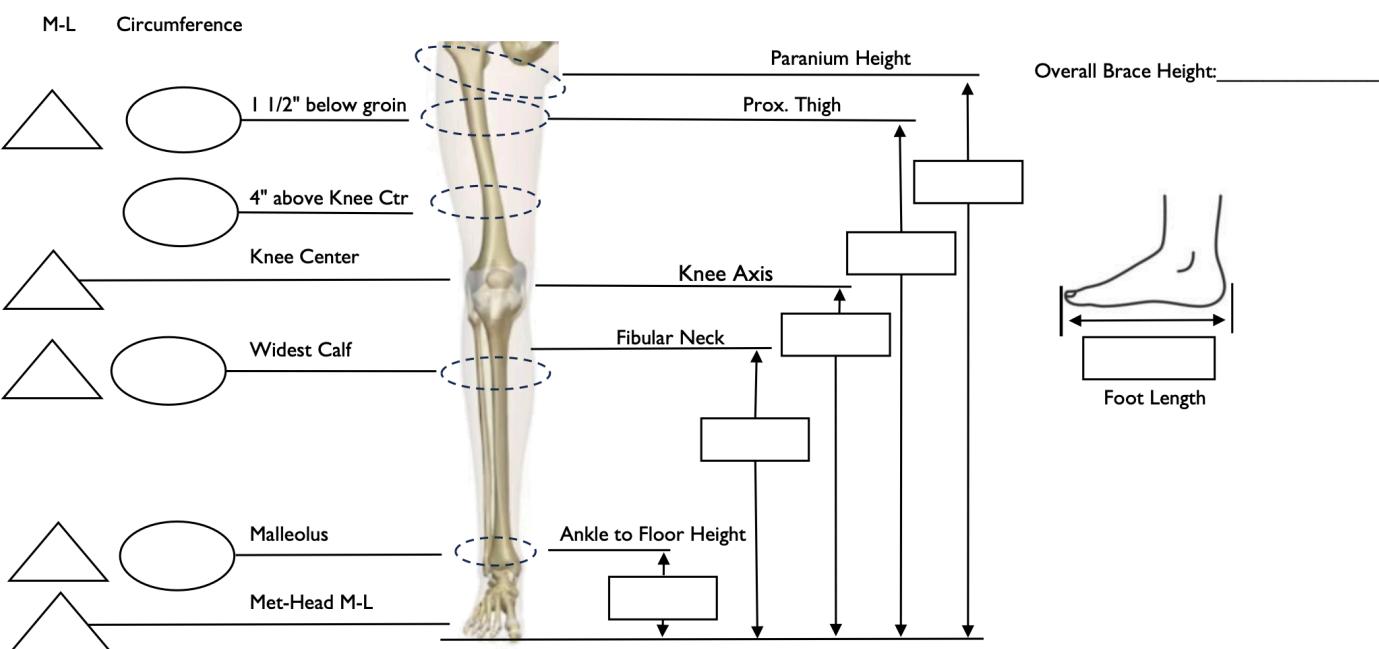
Patient Initials : \_\_\_\_\_ Height : \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight : \_\_\_\_\_ lbs.

First and Last Name Initial

Patient ID # : \_\_\_\_\_ Impact Level :  High  Med  Low Device Side:  Left  Right

## MEASUREMENTS

Below measurements are in: \_\_\_\_\_ in. \_\_\_\_\_ cm.



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### THERMOPLASTIC OPTIONS (Select one from each column)

Type	Thickness	Thigh Cuff	Transfer Paper
<input type="checkbox"/> Polypropylene	<input type="checkbox"/> 1/8"	<input type="checkbox"/> Anterior	Design : _____ _____
<input type="checkbox"/> Copolymer	<input type="checkbox"/> 5/32"	<input type="checkbox"/> Posterior	
<input type="checkbox"/> Polyethylene	<input type="checkbox"/> 3/16"		
	<input type="checkbox"/> 1/4"		
Correct Cast to :		<input type="checkbox"/> 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"/> Pe-lite	<input type="checkbox"/> 5/32"	<input type="checkbox"/> Calf
<input type="checkbox"/> Other : _____	<input type="checkbox"/> 3/16"	<input type="checkbox"/> Posterior
	<input type="checkbox"/> 1/4"	<input type="checkbox"/> Anterior
		<input type="checkbox"/> Footplate
		<input type="checkbox"/> Plantar Surface
		<input type="checkbox"/> Other : _____

### Ankle Joints (select type)

			Size :
<input type="checkbox"/> Tamarack	<input type="checkbox"/> Oklahoma (Polypro)	<input type="checkbox"/> Gillette Dorsi Assist	<input type="checkbox"/> Adult
<input type="checkbox"/> Tamarack Dorsi Assist	<input type="checkbox"/> Gillette	<input type="checkbox"/> Camber Axis Hinge	<input type="checkbox"/> Youth
<input type="checkbox"/> Tamarack Clevisphere	<input type="checkbox"/> Gillette Heavy Duty	<input type="checkbox"/> Other : _____	<input type="checkbox"/> Child

### METAL AND LEATHER OPTIONS (Select one from each column)

Color	Closure	T-Strap	Knee Pad	Condyle Padding	Shoe Build-up
<input type="checkbox"/> Black	<input type="checkbox"/> Hook n Loop	<input type="checkbox"/> Medial	<input type="checkbox"/> 3-Buckle	<input type="checkbox"/> Pear	<input type="checkbox"/> None
<input type="checkbox"/> Beige	<input type="checkbox"/> Leather Strap & Buckle	<input type="checkbox"/> Lateral	<input type="checkbox"/> 4-Buckle	<input type="checkbox"/> Round	<input type="checkbox"/> Other : _____
<input type="checkbox"/> Smoked Elk		<input type="checkbox"/> None	<input type="checkbox"/> 5-Buckle		
<input type="checkbox"/> Brown		<input type="checkbox"/> Padded	<input type="checkbox"/> Other : _____		

### Ankle Joints (select type)

	Strirrup	Range of Motion
<input type="checkbox"/> Dorsiflexion Assist	<input type="checkbox"/> Solid	<input type="checkbox"/> Plantarflexion : _____
<input type="checkbox"/> Double Action	<input type="checkbox"/> Solid Long Tongue	<input type="checkbox"/> Dorsiflexion : _____
<input type="checkbox"/> Limited Motion	<input type="checkbox"/> Split	

### METAL AND LEATHER OPTIONS (Select one from each column)

Type	Material	Size (Large to Small)	
<input type="checkbox"/> Free Motion	<input type="checkbox"/> Aluminum	<input type="checkbox"/> 1/4" x 3/4"	<input type="checkbox"/> 3/16" x 5/8"
<input type="checkbox"/> Ring Lock	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> 3/16" x 3/4"	<input type="checkbox"/> 3/16" x 1/2"
<input type="checkbox"/> Lever Lock (Ball)		<input type="checkbox"/> 1/4" x 5/8"	<input type="checkbox"/> 1/8" x 1/2"
<input type="checkbox"/> Ball Catch			
<input type="checkbox"/> Ratchet Lock			
<input type="checkbox"/> Other : _____			