

METAL KAFO

WORK ORDER #: (LAB USE ONLY)

BILL TO: ADDRESS: SHIP TO: ADDRESS: SAME AS BILLING PRACTITIONER: PHONE #:	PATIENT NAME: HEIGHT:
DESIGN OPTIONS SINGLE UPRIGHT DOUBLE UPRIGHT CORRECTED TRACING IS REQUIRED CAST CORRECTION N/A	ML LENGTH O CIRCUMFERENCE TOE OUT°
MODIFICATIONS LOCATION LOCATION Solution 1/8 5/32 3/16 1/4 1/4 1/4 1/4 1/4 1/4 1/4	FOOT LENGTH (SEMI WT BEARING) PLEASE PROVIDE FINISHED HEIGHTS/LENGT
SOLID SOLID-EXTENDED SOLID-WIDE SOLID-WIDE SPLIT UCBL DAAJ FREE MOTION LIMITED ACTION OF DORSI ASSIST	BAIL LOCK DROP LOCK SPRING LEVER LOCK BALL RETAINERS STEP LOCK CAM LOCK TRIGGER RELEASE DIAL LOCK GROWTH EXTENSIONS POSTERIOR OFFSET SPREADER BAR POLYCENTRIC TIBIAL TORSION O O O O O O O O O O O O O
FINISH LEATHER	☐ HEEL LIFT ☐ SMOKED ELK ☐ HEEL AND SOLE LIFT ☐ MEDIAL WEDGE ☐ BROWN ☐ LATERL WEDGE ☐ STEEL SHANK ☐ ☐