



### CFAB KAFO FORM

Date / /

### SUBMIT FORMS

Fax 866.868.1890 | E-mail orders@surestep.net  
Customer Service 877.462.0711PATTERNS & STRAPS  
CLICK OR SCAN

#### PATIENT

Last Name/Patient ID

First Name

DOB / /  Male  Female

Weight \_\_\_\_\_ Height \_\_\_\_\_

Dx

Right  Left  Bilateral

#### COMPANY

Name

Contact Name

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail

#### BILLING / SHIPPING

**BILLING**

Address

City

ST/Prov \_\_\_\_\_ Zip \_\_\_\_\_

Shipping address same as billing?  Yes  No

**SHIPPING**

Address

City

ST/Prov \_\_\_\_\_ Zip \_\_\_\_\_

PO #

Order confirmation:  Fax  E-mail

#### FedEx SHIPPING OPTIONS

**Need by Date**

Ground® .....FREE

2 Day® A.M. 10:30 a.m. or noon 2nd business day .....\$30.00

Priority Overnight® 10:30 a.m. next business day .....\$55.00

First Overnight® 8:00 a.m. next business day .....\$100.00

**24**  Next Day ..... \$75.00

**Rush Fab**  Same Day ..... \$100.00

*Shipping charges apply separately*

#### CASTS

Sending Casts:  Yes  No

Return impressions pre-modifications \$20.00/pr.

*Send casts: 17530 Dugdale Dr. South Bend, IN 46635*

#### DEVICE STYLE

Plastic Double Upright KAFO

Plastic Single Upright KAFO

Plastic Static Knee KAFO

#### PLASTIC OPTION

Copolymer  Polypropylene  Polyethylene

Other:

Thickness:

Color:

#### PATTERN

#### STRAP COLOR

#### CHAFFE (D-RINGS)

Plastic Standard  Dacron Optional, no charge

#### ADDITIONS/MODIFICATIONS (Additional charges may apply, see price list)

Dorsum Wing  Medial  Lateral

Heel Post  Rigid Plastic  Crepe

T-Strap  Medial  Lateral  Duraflex  Polyethylene

Condyle Extension  Medial  Lateral

Pelvic Band  Single  Double

Knee Pad Buckle:  3  4  5

Condyle Pad  Medial  Lateral

Sabolich Trim Line  Medial  Lateral

#### Carbon Fiber Reinforcement

Non Corrosive Finish

Quick Release Proximal-Section

Open Heel

#### HINGE OPTIONS

	LEFT	RIGHT
<b>HIP</b>	<input type="checkbox"/> Variable Abduct Hip Joint	<input type="checkbox"/> Variable Abduct Hip Joint
	<input type="checkbox"/> Free Motion <input type="checkbox"/> Drop Lock	<input type="checkbox"/> Free Motion <input type="checkbox"/> Drop Lock
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<b>KNEE</b>	<input type="checkbox"/> HEKO Hinge <input type="checkbox"/> Bail Lock	<input type="checkbox"/> HEKO Hinge <input type="checkbox"/> Bail Lock
	<input type="checkbox"/> Step Lock <input type="checkbox"/> Ball Catch	<input type="checkbox"/> Step Lock <input type="checkbox"/> Ball Catch
	<input type="checkbox"/> Drop Lock <input type="checkbox"/> Ball Catch	<input type="checkbox"/> Drop Lock <input type="checkbox"/> Ball Catch
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<b>ANKLE</b>	<input type="checkbox"/> Solid Ankle	
	<input type="checkbox"/> Surestep Free <input type="checkbox"/> Surestep DA	<input type="checkbox"/> Surestep Free <input type="checkbox"/> Surestep DA
	<input type="checkbox"/> Tamarack Free <input type="checkbox"/> Tamarack DA	<input type="checkbox"/> Tamarack Free <input type="checkbox"/> Tamarack DA
	<input type="checkbox"/> Other:	
<b>STOPS</b>	<input type="checkbox"/> Surestop <input type="checkbox"/> Elite	<input type="checkbox"/> Snapstop <input type="checkbox"/> Plastic
	<input type="checkbox"/> Other:	

#### DORSAL PAD

Dorsal Pad Standard  Neoprene Pad Optional, no charge

	Liner - Below Knee	Liner - Above Knee
	<input type="checkbox"/> Volara (white)	<input type="checkbox"/> Volara (white)
	<input type="checkbox"/> Puff	<input type="checkbox"/> Puff
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
	<input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"	<input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"

#### Molded Inner Boot

	TRIM LINE
<input type="checkbox"/> MPE <input type="checkbox"/> Duraflex <input type="checkbox"/> Foam	Height: <input type="checkbox"/> SMO <input type="checkbox"/> Full
<input type="checkbox"/> 1/16" <input type="checkbox"/> 3/32" <input type="checkbox"/> 1/8"	Boot: <input type="checkbox"/> Short <input type="checkbox"/> Surestep
	<input type="checkbox"/> Full Length Footplate

#### Pre-Tibial Shell

	Internal (tuck-in)	External (overlap) Material same as device
<input type="checkbox"/> MPE <input type="checkbox"/> Duraflex	Specify thickness:	
<input type="checkbox"/> 3/32" <input type="checkbox"/> 1/8"		

Last Name/Patient ID

PO #

● Circumference ▲ M/L ■ Distance ◆ A/P

⏏ ALL MEASUREMENTS SHOULD BE TAKEN IN WEIGHT BEARING POSITION

**CORRECTION**

**ANKLE**

Cast Modifications  Neutral/90  As casted

Heel:

Ankle:

Forefoot:

**KNEE**

Cast Modifications  Neutral/180  As casted

Varus:

Valgus:

NOTES

**WAIST**

● Circumference

▲ M/L

■ Height from trochanter to waist

**HIP**

● Circumference

▲ M/L

**LEG**

■ Sole to fibula head

■ Knee Center to Perineum

**ANKLE**

■ Height to apex of lateral

■ Height to apex of medial

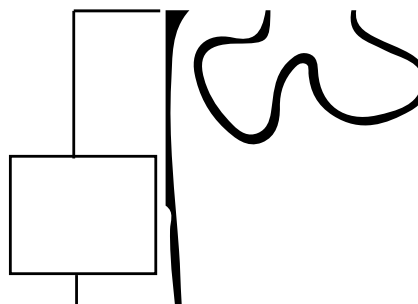
**FOOT**

■ Medial length

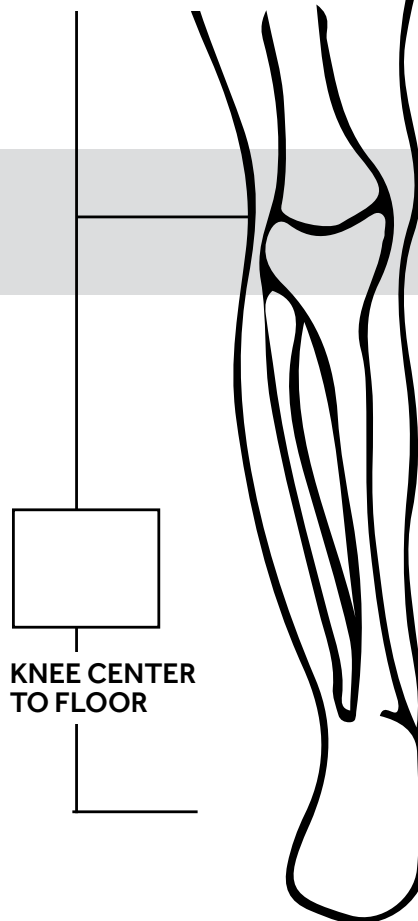
■ Lateral length

■ Length to 1st met-head

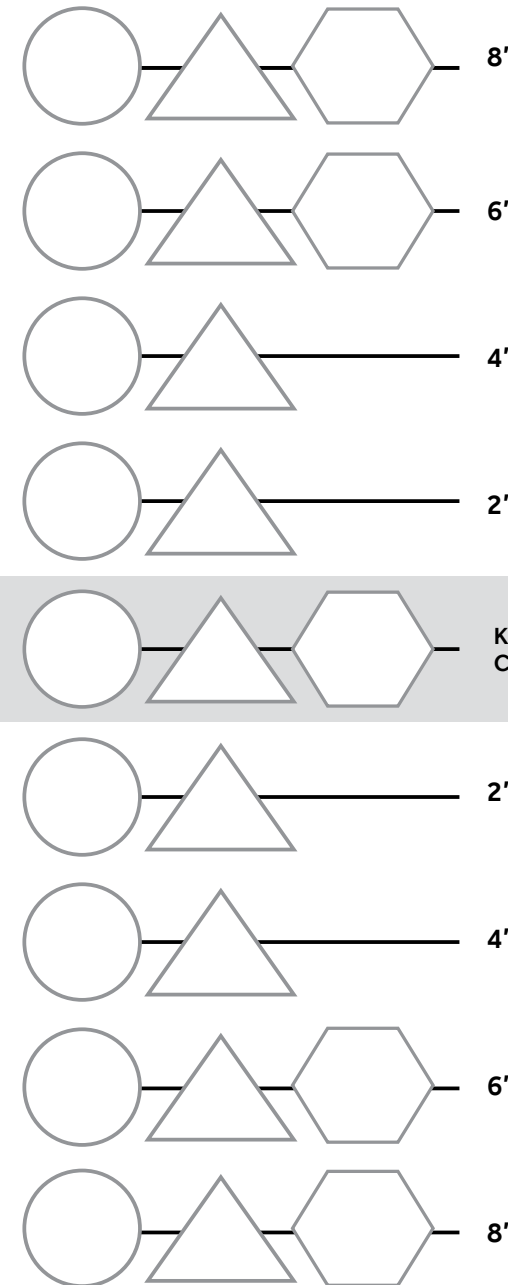
■ Length to 5th met-head



KNEE CENTER TO TROCHANTER



KNEE CENTER TO FLOOR



PROXIMAL TO KNEE CENTER

DISTAL TO KNEE CENTER