



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

Age 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
HIP	<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:
KNEE	<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"/> Drop Lock <input type="checkbox"/> Ball Catch
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
ANKLE	<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:	
	<input type="checkbox"/> Other:	
STOPS	<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

Volara (white)

Puff

Other:

1/8" 3/16" 1/4"

Molded Inner Boot

MPE Duraflex Foam

1/16" 3/32" 1/8"

TRIM LINE Height: SMO Full

Boot: Short Surestep Full Length Footplate

Pre-Tibial Shell

Internal (tuck-in) External (overlap) Material same as device

MPE Duraflex

3/32" 1/8"

Specify thickness:

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

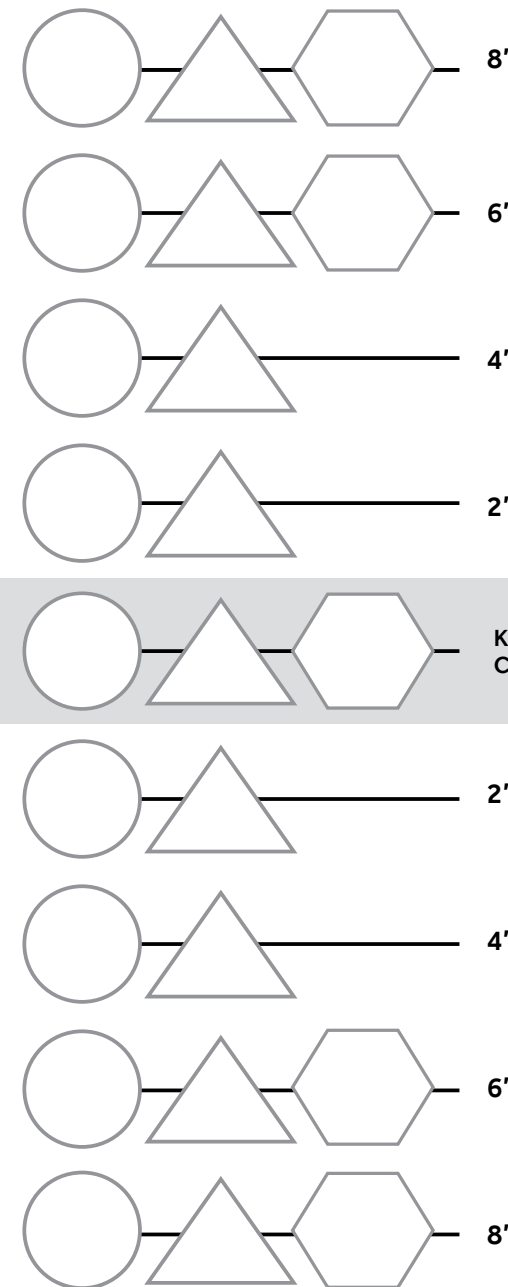
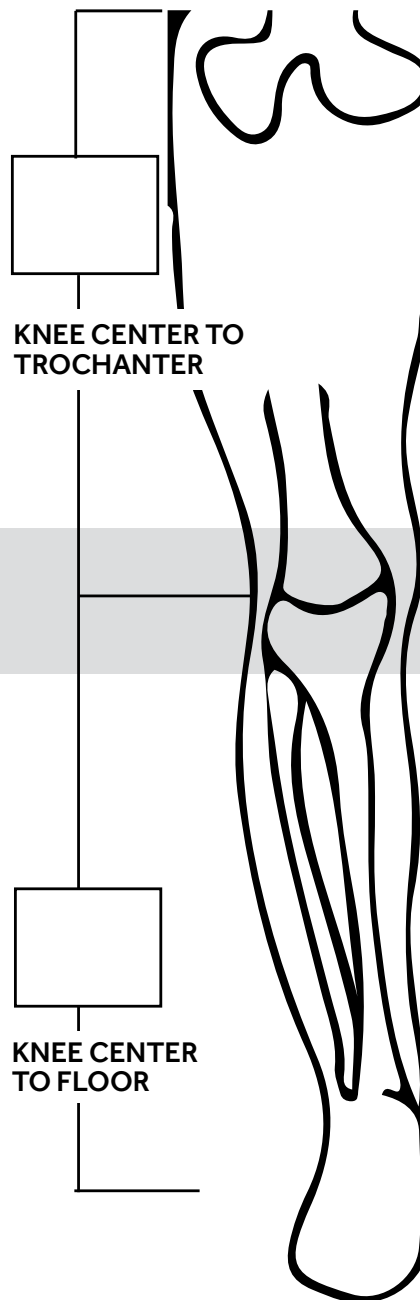
FOOT

■ Medial length

■ Lateral length

■ Length to 1st met-head

■ Length to 5th met-head



PROXIMAL TO KNEE CENTER

DISTAL TO KNEE CENTER