

**CFAB KAFO FORM**

Date / /

SUBMIT FORMSFax 866.868.1890 | E-mail orders@surestep.net
Customer Service 877.462.0711**PATTERNS
& STRAPS**
CLICK OR SCAN**PATIENT**

Patient ID

Age (in years)

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

Rush Fab 4 Day Turnaround \$100.00

CASTS

Sending Casts: Yes No

Return impressions pre-modifications \$20.00/pr.

Send casts:
17530 Dugdale Drive
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)

<input type="checkbox"/> Dorsum Wing	<input type="checkbox"/> Medial <input type="checkbox"/> Lateral
<input type="checkbox"/> Heel Post	<input type="checkbox"/> Rigid Plastic <input type="checkbox"/> Crepe
<input type="checkbox"/> T-Strap	<input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Duraflex <input type="checkbox"/> Polyethylene
<input type="checkbox"/> Condyle Extension	<input type="checkbox"/> Medial <input type="checkbox"/> Lateral
<input type="checkbox"/> Pelvic Band	<input type="checkbox"/> Single <input type="checkbox"/> Double
<input type="checkbox"/> Knee Pad	Buckle: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Condyle Pad	<input type="checkbox"/> Medial <input type="checkbox"/> Lateral
<input type="checkbox"/> Sabolich Trim Line	<input type="checkbox"/> Medial <input type="checkbox"/> Lateral

 Carbon Fiber Reinforcement

Non Corrosive Finish

Quick Release Proximal-Section

Open Heel

HINGE OPTIONS

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

DORSAL PAD

Dorsal Pad *Standard* Neoprene Pad *Optional, no charge*

 Liner - Below Knee **Liner - Above Knee**

<input type="checkbox"/> Volara (white) <input type="checkbox"/> Puff <input type="checkbox"/> Other: <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"	<input type="checkbox"/> Volara (white) <input type="checkbox"/> Puff <input type="checkbox"/> Other: <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"
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 Molded Inner Boot

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

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

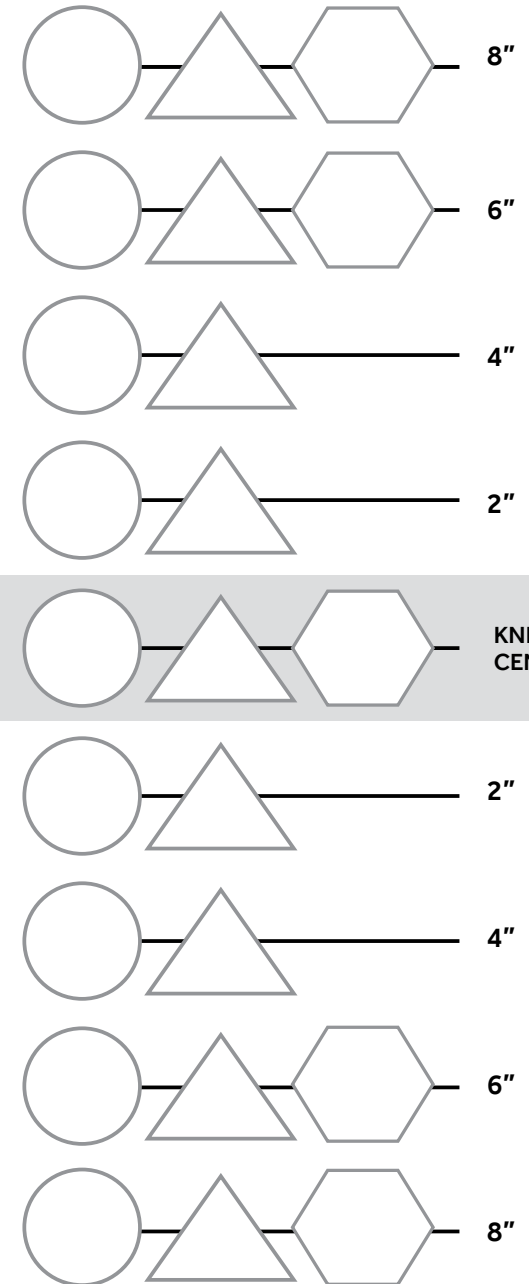
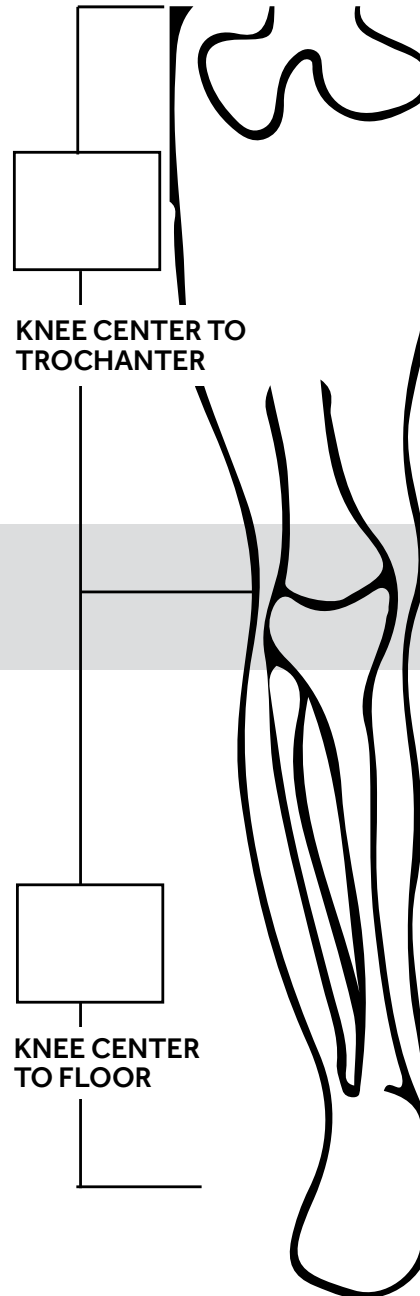
FOOT

■ Medial length

■ Lateral length

■ Length to 1st met-head

■ Length to 5th met-head



PROXIMAL TO KNEE CENTER

DISTAL TO KNEE CENTER