



BILL TO:
Cascade Orthopedic Supply
 2638 Aztec Drive • Chico, CA 95928

(Metal & Leather form)

HT-KAFO

Knee Ankle Foot Orthotic

Patient

Last name: _____

First Initial: _____

P. ID. N W

Bilateral Left only Right only

Practitioner: _____ Please change to your name if necessary.

Facility: _____

Device Selection



KAFO

SIDE

Left

Right

NOTE: If you don't choose an option, you will receive the **Standard**.

Toe & Ankle

Toe Out: Toe Out Angle: (+) To Out (-) Toe In

Left: _____

Right: _____

ANKLE JOINT ALIGNMENT

Mechanical **Standard** Tibial Torsion Left: _____°

Right: _____°

Component Selection

ANKLE JOINT OPTIONS

Double Action

No motion

Stop Motion ___° DF ___° PF

Free Motion

Pins:

Anterior Posterior Both

Springs:

Anterior Posterior Both

KNEE JOINTS

Free Motion

Posterior Offset

Ring Lock

Posterior Offset

Ball Catch

Lever Lock

Ratchet Lock

ANKLE JOINT STIRRUP OPTIONS

Solid Stirrup Long

Solid Stirrup Wide

Split Caliper

Release System

Bail

HD Lever

Other (Specify): _____

BAR MATERIAL

Aluminum

Stainless Steel

ACCESSORIES

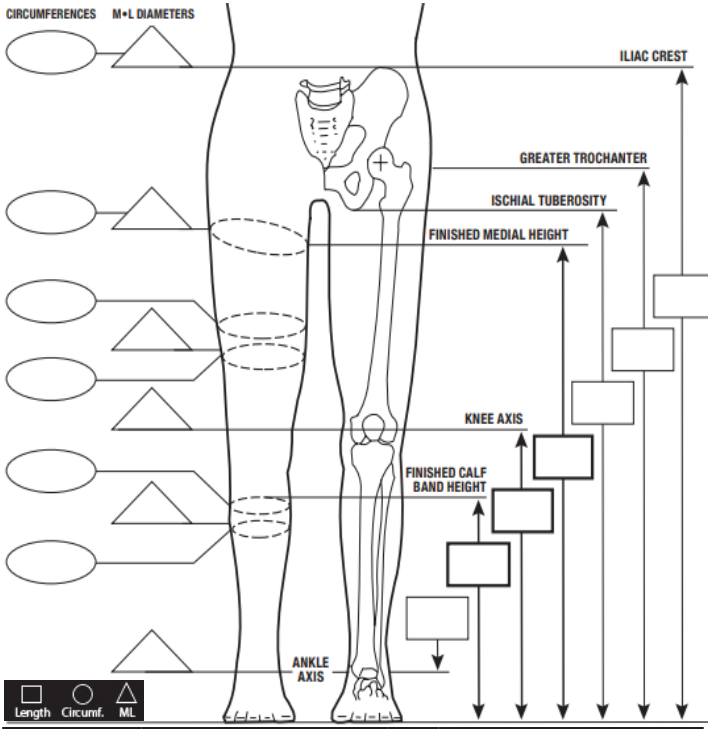
Growth Extensions Supra Patella Strap

Quick Release Femoral Condyle Pad, Medial

Infra Patella Strap Femoral Condyle Pad, Lateral

Construction - Features - Options

FLOOR TO HEIGHT MEASUREMENTS *All measurements in millimeters (mm)*



NOTE: If you don't choose an option, you will receive the **Standard**.

Materials & Design

FOOTPLATE OPTIONS

Shoe (provided by customer)

UCBL (requires entire cast)

LACER OPTIONS

Calf Band 50mm

Lacer (205mm)

Molded Lacer

ANKLE CONTROL STRAP OPTIONS

T-Strap Medial

T-Strap Lateral

LEATHER COLOR OPTIONS

Black **Standard**

White

Brown

KNEE CONTROL STRAP OPTIONS

4-Buckle Strap

5-Buckle Strap

Special Instructions

Rush order (adds \$20)

Instructions must not exceed 560 characters. (Could cause error with online submission.)