

Date _____



FUZION® KAFO/KO

586.10
586.20

6333 North Orange Blossom Trail, Orlando FL 32810 • www.orthomerica.com • phone 877-737-8444 • fax 877-737-8445

PATIENT INFO (PHI)

Last Name / ID _____ First Name _____

Gender _____

Male _____ Female _____

Age _____ Height _____ Weight _____

Diagnosis _____

Remarks

SHIPPING INFORMATION

Practitioner _____ Phone/Fax _____

Facility _____ PO Number _____

Ship to Address _____

City _____ State _____ Zip _____

Shipping Company _____ Service _____

UPS _____ Ground _____

FedEx _____ 2 Day Air _____

Other: _____ Overnight _____

Need by _____

Bill to Address _____

City _____ State _____ Zip _____

Shape Acquisition Via: **Cast** **Scan** | Affected Side: **Left** **Right** **Bilateral**

Plantar Modifications: **Yes** **No** (Self-stick Toe Rise Pads included with each order)

KAFO **KO**

ALIGNMENT
MUST BE COMPLETED TO PREVENT DELAY OF ORDER

Ankle Alignment (Dorsiflexion - Plantarflexion)
 Correct to _____ degrees Do Not Correct (Cast Alignment OK)

Hindfoot Alignment
 Correct to Vertical Do Not Correct (Cast Alignment OK)

Forefoot Alignment
Circle drawing below to indicate finished forefoot alignment

DORSAL EXTENSION - to control forefoot

No Extension Extend Medial Extend Lateral Extend Both

Inner Plastic

Co-Polymer
Poly Pro

Inner Liner Color

Outer Foam Skin Color

Black White

Additional Padding. Instructions:

Tri-Lam Insert (Diabetic)
Additional Charge

Foot Length

Full Length Tongue

Straps

Per Picture Default
Add Toe Strap
Dacron Reinforced Straps
Additional Charge

Strap Color

White Default
Color: _____

Transfer: _____

Knee Joint Type

Knee Cap Pad

External Posting Additional Charge

No External Posting Default
Heel Posting
Heel & Midfoot Posting
Entire External Posting
Forefoot posting to balance any Supination or Pronation
Non Skid Bottom

