



39-28 Crescent Street
 Long Island City, NY 11101
 tel: 800.301.8275
 fax: 800.804.7820
 web: hersco.com

Account: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Practitioner Name: _____
 Date: _____ P.O. Number: _____
 Phone: (____) _____ E-mail: _____

Patient Name: _____ M | F
 Patient Weight: * _____ Left **OR** Right? Height: * _____
 Diagnosis: _____
 Principal reason for KAFO: _____
 Activity Level: _____
 Is patient currently: Ambulatory? **OR** Non-Ambulatory?

Metal & Leather KAFO

CAST MODS

Ankle	Knee
<input type="checkbox"/> Rigid Ankle: Leave As Is	<input type="checkbox"/> Rigid Knee: Leave As Is
<input type="checkbox"/> Flexible: Correct to Neutral	<input type="checkbox"/> Flexible: Correct to Neutral
<input type="checkbox"/> Correct Ankle Varus/Valgus	<input type="checkbox"/> Correct Knee Varum/Valgum
<input type="checkbox"/> Correct Forefoot to Neutral	<input type="checkbox"/> Other _____

STYLE

Metal & Leather Bar Size _____ X _____

External Split Caliper **OR** Solid Stirrup?

OR

Internal	Other
<input type="checkbox"/> UCBL	<input type="checkbox"/> _____
Footplate Length <input type="checkbox"/> Mets <input type="checkbox"/> Sulcus <input type="checkbox"/> Full	

Ankle	Knee
<input type="checkbox"/> Solid OR <input type="checkbox"/> Articulating	
Ankle Joints:	Knee Joints:
<input type="checkbox"/> Free Motion	<input type="checkbox"/> Free Motion <input type="checkbox"/> Bail Lock
<input type="checkbox"/> Double Action	<input type="checkbox"/> Modified Ring Lock
Anterior: Pin OR Spring?	<input type="checkbox"/> Other _____
Posterior: Pin OR Spring?	Lining: _____
<input type="checkbox"/> Other	

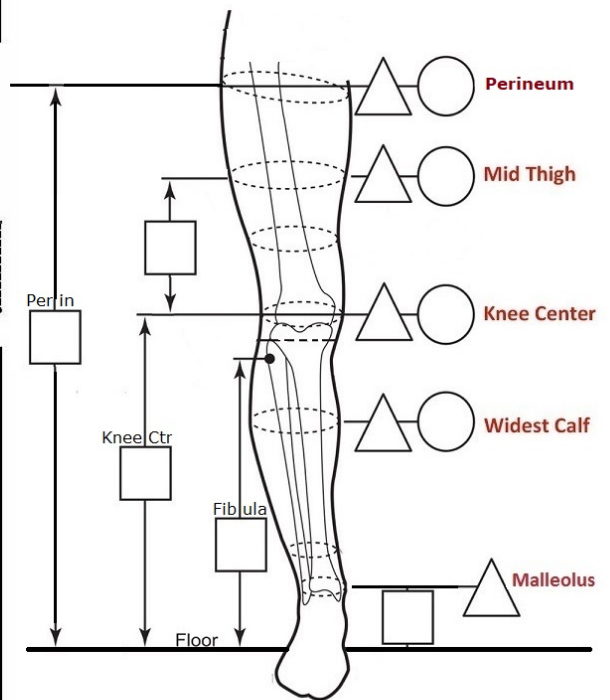
T-Strap

Medial **OR** Lateral?

MEASUREMENTS

*** For Best Results ***

Knee Center _____ to Floor
 Fib Head _____ to Floor
 Malleolus _____ to Floor



Special Instructions:



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Thermoplastic KAFO

CAST MODS

Ankle	Knee
<input type="checkbox"/> Rigid Ankle: Leave As Is	<input type="checkbox"/> Rigid Knee: Leave As Is
<input type="checkbox"/> Flexible: Correct to Neutral	<input type="checkbox"/> Flexible: Correct to Neutral
<input type="checkbox"/> Correct Ankle Varus/Valgus	<input type="checkbox"/> Correct Knee Varum/Valgum
<input type="checkbox"/> Correct Forefoot to Neutral	<input type="checkbox"/> Other _____

STYLE

Thermoplastic Polypro **OR** Copoly Thickness _____"

Ankle	Knee
<input type="checkbox"/> Solid OR <input type="checkbox"/> Articulating	
Ankle Joints:	Knee Joints:
<input type="checkbox"/> Free Motion <input type="checkbox"/> Dorsi-Assist	<input type="checkbox"/> Free Motion <input type="checkbox"/> Bail Lock
<input type="checkbox"/> Tamarack <input type="checkbox"/> Oklahoma	<input type="checkbox"/> Modified Ring Lock
Stop: <input type="checkbox"/> Solid 90° <input type="checkbox"/> Adjustable	<input type="checkbox"/> Other _____
Straps: <input type="checkbox"/> Instep <input type="checkbox"/> Ankle	<input type="checkbox"/> AK Polyethylene Tongue
Lining: _____	Lining: _____

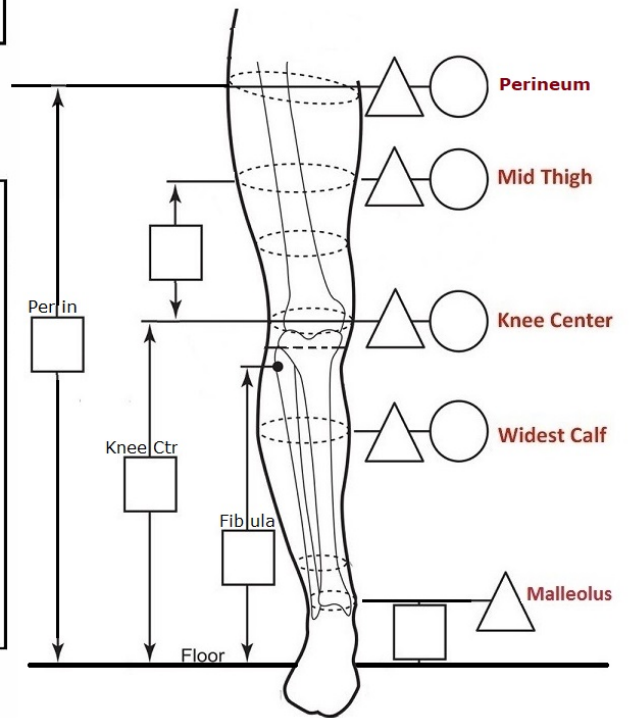
Footplate Length

Mets Sulcus Full

MEASUREMENTS

*** For Best Results ***

Knee Center _____ to Floor
 Fib Head _____ to Floor
 Malleolus _____ to Floor



Special Instructions:

