



KINGS ORTHO SOLUTION INC

1674 West 13th Street, Brooklyn, NY 11223
PHONE 718.676.6306 | FAX 347.462.9101

Patient _____ Male Female

Height _____ Weight _____ Right Left Bilateral

TYPE OF BRACE

- | | | |
|---------------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> SAFO | <input type="checkbox"/> PLS | <input type="checkbox"/> PTBO |
| <input type="checkbox"/> Semi-Solid | <input type="checkbox"/> KAFO | |
| <input type="checkbox"/> Articulating | <input type="checkbox"/> RICHI | |

JOINT TYPE

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Tamarack | <input type="checkbox"/> Oklahoma |
| <input type="checkbox"/> Gillett | <input type="checkbox"/> Gaffney |

PLASTIC

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Polypro | <input type="checkbox"/> PolyEth |
|----------------------------------|----------------------------------|

THICKNESS

- | | | |
|--------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 3/16" | <input type="checkbox"/> 1/8" | <input type="checkbox"/> 1/4" |
|--------------------------------|-------------------------------|-------------------------------|

INTERFACE

- | | |
|--------------------------------|-------------------------------|
| <input type="checkbox"/> 3/16" | <input type="checkbox"/> 1/8" |
|--------------------------------|-------------------------------|

FOOTPLATE

- | | | |
|-------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Full | <input type="checkbox"/> 3/4" | <input type="checkbox"/> Sulcus |
|-------------------------------|-------------------------------|---------------------------------|

OTHER INSTRUCTIONS

**** PLEASE BE SURE TO NOTIFY US ANY CORRECTIONS NEEDED TO THE CAST****