

Carbon Fibre KAFO / E-MAG Order Form

PATIENT NAME

Hospital / Clinic

Orthotist

Patient weight

Age

Order number

Date

Shoe sent

Yes No

Negative cast AK

As cast

Correct knee

To

Negative cast BK

As cast

Correct ankle

To

Positive cast AK

Ischial bearing

Flared top edge

Clam shell

Positive cast BK

Full foot

¾ foot

GRAFO

Clam shell

Flared top edge

LAPELS

Leather Pelite Other

Knee Back Sling (for hyperextension)

Other details

Foot correction

Medial posting

Lateral posting

Left

Right

Type of Orthosis

E-MAG

Cosmetic CF KAFO

E-Mag Medial Joint

E-MAG 5° 7.5° 10°

Free joint

Unilateral

Double action Spring

Free joints

No ankle joints

Knee joints

Bale lock

Drop lock

Ankle joints

Unilateral

Other types

Linings

Full AK BK

Spacetex

Blue terry

Plastazote

Leather

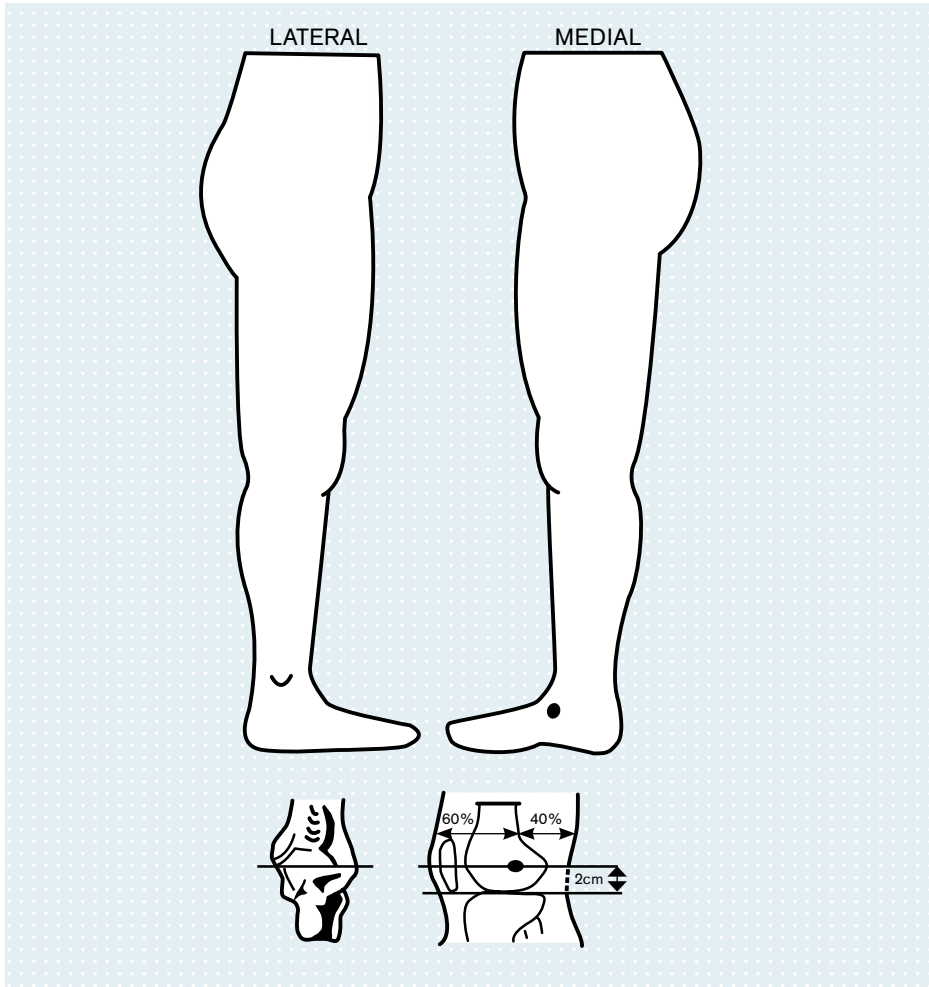
Velcro straps

AK No Pad

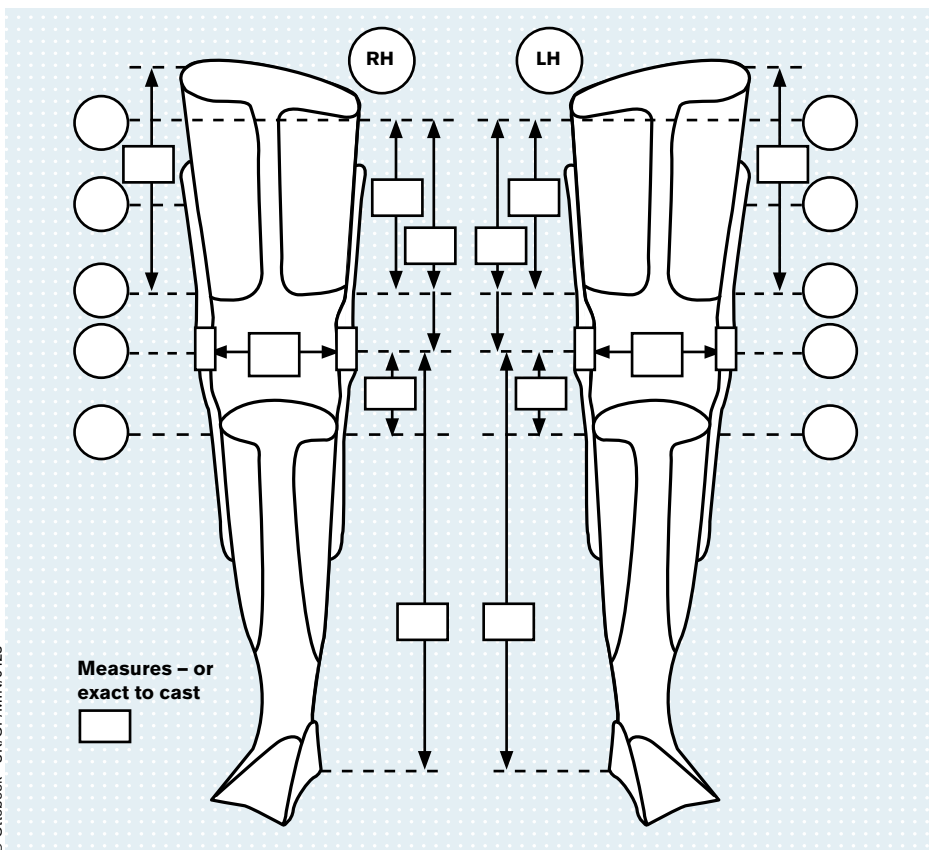
BK No Pad

Ankle

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Additional comments / specifications



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