

# 1 CLINICIAN REQUIRED

Account ..... Location .....

PO Number .....

Clinician .....

Clinician Email .....



Tel: 1-877-767-3338  
 Fax: 1-866-919-9268  
 www.kevinrootmedical.com  
 hello@kevinrootmedical.com



# Active AFO Order Form

Contact me to review Order Form      Date: MM / DD / YYYY       Rush order due date: MM / DD / YYYY

# 2 PATIENT REQUIRED

Patient's Email .....

First Name .....

Last Name .....

DOB MM / DD / YYYY      Sex:  M  F      Weight .....      Height .....

# 3 SIDE

Use separate Rx for each side

Right

Left

# IMPRESSION



Plaster



STS Casting Socks



3D Foot Scanner



Fiberglass Casting Tape

# FITTING

Shoe size:

Fit AFO to submitted:



Tracing



Shoes

# 4 AFO REQUIRED

## A200 Tamarack Free Motion AFO



- Split uprights standard  
 Posterior bar for more control
- 4mm Polypropylene frame custom congruent to patient model
  - Rearfoot intrinsic post
  - Tamarack joints
  - 3mm 30 shore A EVA top cover
  - 2 anterior/1 posterior straps
  - Medial & lateral upper lining
  - Mid fibula height
  - Device to mets

L Codes: L1970, L2275, L2820

## A200L Tamarack Free Motion AFO



- 4mm Polypropylene frame custom congruent to patient model
- Rearfoot intrinsic post
- Tamarack joints
- 3mm 30 shore A EVA foot plate t/c
- Velcro closures
- Leather lining calf section
- Mid fibula height
- Device to mets

L Codes: L1970, L2275, L2330, L282

## A250 Overlap Free Motion AFO



- Overlap free motion rivet joints
- 4mm Polypropylene frame
- Foot frame custom congruent
- Upright struts prefabricated, custom fit
- Rearfoot intrinsic post
- 3mm 30 Shore A EVA top cover
- 2 anterior/1 posterior straps
- Medial & lateral upper lining
- Mid fibula height
- Device to mets

L Codes: L1970, L2275, L2820

## A300 Tamarack Dorsi-Assist AFO



- Foot Frame to mets standard  
 Foot frame to sulcus  
 Posterior bar for more control
- 4mm Polypropylene frame
  - Rearfoot intrinsic post
  - Tamarack dorsi-assist joints
  - 3mm 30 shore A EVA top cover
  - Upper lining
  - Mid fibula height
  - Device to mets

L Codes: L1970, L2275, L2820, L2210, L2210

# 5 IMPRESSION PREPARATION REQUIRED

|                 |  |  |
|-----------------|--|--|
| <b>Ankle</b>    | <input type="checkbox"/> As is <input type="checkbox"/> Correct to 90°   |  |
| <b>Rearfoot</b> | <input type="checkbox"/> As is <input type="checkbox"/> Correct to 90°   |  |
| <b>Forefoot</b> | <input type="checkbox"/> As is <input type="checkbox"/> Balance FF to RF |  |

# A MEASUREMENTS OPTIONAL

**Height:**  
 Fibula Head       Proximal Trim   
 Proximal Trim       Above Ankle   
**Circumference:**  
 Forefoot       Ankle   
    Mid-Foot



Special Instructions: .....