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Date MM...../DD...../YYYY.....

**Clinician**

Account Name/Number .....

Location .....

PO Number .....

Clinician .....

Contact me before processing

**Side**

Use separate Rx for each side  
\*G800 exempt BIL standard



\*Cast/Scan height must be 1" higher than desired proximal trimline of the AFO

**Patient**

First Name .....

Last Name .....

Gender: M F DOB MM...../DD...../YYYY.....

Height ..... Weight ..... Shoe size .....

Dx .....

Ship to Patient

Street Address .....

City .....

State ..... Zip .....

**Impression**

- Plaster
- STS Casting Socks
- 3D Foot Scanner
- Fiberglass Casting Tape

**Fitting**

- Fit AFO to submitted:
  - Tracing
  - Shoes

**AFO**

**Recommended for:**  
Low to high-activity level patients

**\*D100F Dorsiflex Posterior**

**Indication**

- weak dorsiflexion only
- Posterior calf cuff
  - Dynamic and durable carbon fiber
  - Hemi-spiral Strut Design
  - Positions foot safety during swing phase
  - Dampens heel strike
  - Prevents foot slap
  - Fits a variety of footwear

L Codes: L1945, L2820, L2755, L2755



**Clinical indications:**

Indicated for foot drop

**\*D110F Dorsiflex Anterior**

- Anterior tibial frame
- Dynamic and durable carbon fiber
- Hemi-spiral Strut Design
- Positions foot safety during swing phase
- Dampens heel strike
- Prevents foot slap
- Fits a variety of footwear

L Codes: L1945, L2820, L2755, L2755



**Options**

**Footplate Contour**

- Flat footplate
- Contoured footplate D100C

**Footplate Flexibility**

- |          |             |
|----------|-------------|
| Flexible | Stiff       |
| Normal   | Extra Stiff |

**Strut Side**

- Lateral
- Medial

**Strut Flexibility**

- |          |             |
|----------|-------------|
| Flexible | Stiff       |
| Normal   | Extra Stiff |

**Options**

**Footplate Contour**

- Flat footplate
- Contoured footplate D110C

**Footplate Flexibility**

- |          |             |
|----------|-------------|
| Flexible | Stiff       |
| Normal   | Extra Stiff |

**Strut Side**

- Lateral
- Medial

**Strut Flexibility**

- |          |             |
|----------|-------------|
| Flexible | Stiff       |
| Normal   | Extra Stiff |

**Impression preparation**

**Ankle** As is Correct to  $90^\circ$

**Rearfoot** As is Correct to  $90^\circ$

**Forefoot** As is Balance FF to RF

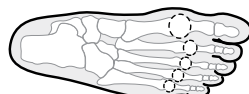
**Measurements (optional)**

**Height:**  
Fibula Head  
Proximal Trim

**Circumference:**  
Forefoot

**Circumference:**  
Proximal Trim  
Above Ankle  
Ankle  
Mid-Foot

\*for more options use device specific Rx available to download at www.kevinrootmedical.com



**Special Instructions:**