

1 CLINICIAN REQUIRED

Account Location

PO Number

Clinician

Clinician Email



Tel: 1-800-496-0987
 Fax: 1-866-919-9268
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 hello@kevinrootmedical.com



Dorsiflex Carbon 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

Recommended for:

Low to high-activity level patients

Clinical indications:

Indicated for foot drop

4 AFO REQUIRED

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

OPTIONS

Footplate Contour Flat footplate Contoured footplate D100C

Footplate Flexibility Flexible Normal Stiff Extra Stiff

Strut Side Lateral (Standard) Medial

Strut Flexibility Flexible Normal Stiff Extra Stiff

D110F Dorsiflex Anterior



Indication
weak dorsiflexion and plantar flexion

- 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 D110C

Footplate Flexibility Flexible Normal Stiff Extra Stiff

Strut Side Lateral (Standard) Medial

Strut Flexibility Flexible Normal Stiff Extra Stiff

6 IMPRESSION PREPARATION REQUIRED

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

A MEASUREMENTS OPTIONAL

Height:

Fibula Head

Proximal Trim

Circumference:

Forefoot

Circumference:

Proximal Trim

Above Ankle

Ankle

Mid-Foot



Special Instructions: