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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



AFO



G50 Cabbie

- Supramalleolar height
- Vacuum formed
- 4mm poly frame
- Rearfoot intrinsic post
- Leather liner
- Lace closures
- Device to mets

L Codes: L1907, L2330



G100 Short Gauntlet

- 5" height
- 4mm poly frame
- Rearfoot intrinsic post
- Leather liner
- Optional closures
- Device to mets

L Codes: L1940, L2820, L2330



G120 Standard Gauntlet

- 9" height
- 4mm polypropylene frame
- Rearfoot intrinsic post
- Leather liner
- Optional closures
- Device to mets

L Codes: L1940, L2820, L2330



G140 Tall Gauntlet

- 12" height
- 4mm polypropylene frame
- Rearfoot intrinsic post
- Leather liner
- Optional closures
- Device to mets

L Codes: L1940, L2820, L2330



G160 Only Leather Gauntlet

- 9" height
- No frame
- No post
- No joints
- Leather liner
- Optional closures
- Device to mets
- Custom scaphoid

L Codes: L1904



G200 Tamarack Free Motion Gauntlet

- 4mm polypropylene frame
- Rearfoot intrinsic post
- Tamarack joints
- Leather liner
- Velcro closures
- Device to mets

L Codes: L1970, L2330, L2820



G250 Overlapping Articulating Gauntlet

- 9" height, (5" & 12" optional)
- 4mm polypropylene frame
- Rearfoot intrinsic post
- Leather liner
- 2 anterior/1 posterior straps
- Exterior struts
- Device to mets

L Codes: L1970, L2275, L2820, L2330



G300 Tamarack Dorsi Assist Gauntlet

- 9" height
- 4mm polypropylene frame
- Rearfoot intrinsic post
- Tamarack dorsi-assist joints
- Leather liner
- Optional closures
- Device to mets

L Codes: L1970, L2330, L2820, L2210, L2210



G600 Leather Partial Foot Gauntlet

- Send shoes, required
- 9" height
- 4mm polypropylene frame
- Rearfoot intrinsic post
- Leather liner
- Velcro and lace
- Fit to Shoes

L Codes: L1960, L5000, L2330, L2820



G800 Balance Brace Gauntlet

- 9" height
- 3mm polypropylene frame
- Leather top cover
- Leather liner
- Velcro closures
- Device to mets

L Codes: L1940, L2820, L2330

Impression preparation



Ankle As is Correct to 90°



Rearfoot As is Correct to 90°



Forefoot As is Balance FF to RF

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



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

Additional options

Closure options

Color options Black Brown Natural Tan Taupe White

Cushions & paddings

Full Plastazote Liner under leather (mm) 4.5 6 9

Special Instructions: