

1 CLINICIAN REQUIRED

Account Location

PO Number

Clinician

Clinician Email

KevinRoot MEDICAL

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KEVIN ORTHOPEDIC

G50 Cabbie AFO
Order Form

[ORDER FORM PAGE 1 OF 1](#)

Contact me to review Order Form Date:/..../.. Rush order due date:/..../..

2 PATIENT REQUIRED

Patient's Email

First Name

Last Name

DOB/..../.. Sex: M F Weight Height



G50 Cabbie

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

Suggested L Codes:
 L1907, L2330

B FRAME TRIM LINES AND OPTIONS OPTIONAL

Medial flange height: Low Medium High

Lateral flange height: Low Medium High

Heel cup height: None Low Medium High

Color: Black Brown Natural tan Taupe White

3 SIDE	IMPRESSION	FITTING
Use separate Rx for each side	<input type="checkbox"/> Plaster	Shoe size: <input type="text"/>
<input type="checkbox"/> Right	<input checked="" type="checkbox"/> STS Casting Socks	Fit AFO to submitted:
<input type="checkbox"/> Left	<input type="checkbox"/> 3D Foot Scanner	<input type="checkbox"/> Tracing
	<input type="checkbox"/> Fiberglass Casting Tape	<input type="checkbox"/> Shoes

4 IMPRESSION PREPARATION REQUIRED

Area	Options	Diagram
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	

C EXTENSIONS OPTIONAL

Extension Type	Material	Options	Diagram
Toe Length	Toe Extension	Myolite 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	Morton's Ext.	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	Rev. Morton's	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
Sulcus Length	Sulcus Extension	Myolite 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	Morton's Ext.	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	Rev. Morton's	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
Partial Foot Toe Filler	Toe Filler <input checked="" type="checkbox"/>	5 th <input type="checkbox"/> 4 th <input type="checkbox"/> 3 rd <input type="checkbox"/> 2 nd <input type="checkbox"/> 1 st <input type="checkbox"/>	

A MEASUREMENTS RECOMMENDED

Circumference: Forefoot

Circumference: Above Ankle

Circumference: Ankle

Circumference: Mid-Foot

Special Instructions:

D FRAME MODIFICATIONS OPTIONAL

Modification	Options	Diagram	
Forefoot	1 st Ray Cut Out	Full <input type="checkbox"/> 65° <input type="checkbox"/> 45° <input type="checkbox"/>	
	5 th Ray Cut Out	65° <input type="checkbox"/> 45° <input type="checkbox"/>	
Midfoot	Navicular B. Out	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	5 th Button Out	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
Rearfoot	Heel Lift	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	Heel Lift Tapered	26 <input type="checkbox"/> 22 <input type="checkbox"/> 18 <input type="checkbox"/> 14 <input type="checkbox"/> 10 <input type="checkbox"/> (mm)	

E OFFLOADING PADS & CUSHIONS OPTIONAL

Location	Options	Diagram	
Forefoot	Met Balance <input checked="" type="checkbox"/>	5 th <input type="checkbox"/> 4 th <input type="checkbox"/> 3 rd <input type="checkbox"/> 2 nd <input type="checkbox"/> 1 st <input type="checkbox"/>	
	Met Punch <input checked="" type="checkbox"/>	5 th <input type="checkbox"/> 4 th <input type="checkbox"/> 3 rd <input type="checkbox"/> 2 nd <input type="checkbox"/> 1 st <input type="checkbox"/>	
	Met Pad 2-4	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	Met Bar 1-5	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	Dancer's Pad	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	Scaphoid Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
Midfoot	Cuboid Offload	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	Heel Cushion	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
Rearfoot	Heel Spur Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	Plastazote Liner	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	