

1 CLINICIAN REQUIRED

Account Location

PO Number

Clinician

Clinician Email



Tel: 1-877-767-3338
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Traditional 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

T100 Leaf Spring

- 4mm Polypropylene frame
- Rearfoot intrinsic post
- No joints
- No top cover
- Tibial strap & pad
- Fibula height
- Reduced posterior trimlines
- Device to mets

L Codes: L1960, L2275

T200 Tamarack Free Motion

- Plantar stop
- Free motion tamarack joints
- 4mm Polypropylene frame
- Rearfoot intrinsic post
- No top cover
- Tibial strap & pad
- Fibula height
- Device to mets
- Low, medial and lateral flanges

L Codes: L1970, L2275

T150 Solid Ankle

- Valgus T-Strap (reduces varus rearfoot)
- Varus T-Strap (reduces valgus rearfoot)
- Additional L Code: L2270

- Extended anterior trimlines
- 4mm Polypropylene frame
- Rearfoot intrinsic post
- No joints
- No top cover
- Tibial strap & pad
- Fibula height
- Device to mets

L Codes: L1960, L2275

T300 Tamarack Dorsi-Assist

Foot Frame to mets standard

- Foot frame to sulcus
- Foot frame to toes

- Plantar stop
- Tamarack dorsi-assist joints
- 4mm Polypropylene frame
- Rearfoot intrinsic post
- No top cover
- Tibial strap & pad
- Fibula height

L Codes: L1970, L2275, L2210, L2210

5 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: Circumference:

Fibula Head Proximal Trim

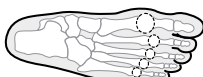
Proximal Trim Above Ankle

Circumference: Ankle

Forefoot Mid-Foot

B CUSHIONS & PADDINGS OPTIONAL

Full Plastazote Liner 3mm 4.5mm 6mm



Special Instructions: