

1 CLINICIAN REQUIRED

Account Location

PO Number

Clinician

Clinician Email

Active AFO Order Form

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

Rush order due date:
...../...../.....
MM DD YYYY

Contact me to review Order Form



Call us: 1-877-767-3338
Fax: 1-866-919-9268
www.kevinorthopedic.com
hello@kevinorthopedic.com

2 PATIENT REQUIRED

Patient's Email

First Name

Last Name

DOB/...../..... 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

A200 Tamarack Free Motion AFO



- Split uprights standard**
 Posterior bar for more control
- 4mm Polypropylene frame custom congruent to patient model
 - Rearfoot intrinsic post
 - Tamarack joints
 - 3mm 30 shore A EVA top cover
 - 2 anterior/1 posterior straps
 - Medial & lateral upper lining
 - Mid fibula height
 - Device to mets

L Codes: L1970, L2275, L2820

A200L Tamarack Free Motion AFO



- 4mm Polypropylene frame custom congruent to patient model
- Rearfoot intrinsic post
- Tamarack joints
- 3mm 30 shore A EVA foot plate t/c
- Velcro closures
- Leather lining calf section
- Mid fibula height
- Device to mets

L Codes: L1970, L2275, L2330, L282

A250 Overlap Free Motion AFO



- Overlap free motion rivet joints
- 4mm Polypropylene frame
- Foot frame custom congruent
- Upright struts prefabricated, custom fit
- Rearfoot intrinsic post
- 3mm 30 Shore A EVA top cover
- 2 anterior/1 posterior straps
- Medial & lateral upper lining
- Mid fibula height
- Device to mets

L Codes: L1970, L2275, L2820

A300 Tamarack Dorsi-Assist AFO



- Foot Frame to mets standard**
 Foot frame to sulcus
- Posterior bar for more control
- 4mm Polypropylene frame
 - Rearfoot intrinsic post
 - Tamarack dorsi-assist joints
 - 3mm 30 shore A EVA top cover
 - Upper lining
 - Mid fibula height
 - Device to mets

L Codes: L1970, L2275, L2820, 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:
Fibula Head Proximal Trim

Circumference:
Proximal Trim Above Ankle
Forefoot Ankle Mid-Foot



Special Instructions:

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

■ Required information ■ Optional information