

1 REQUIRED

CLINICIAN

Account Location

PO Number

Clinician

Clinician Email

Core Orthotic Order form

Date: / /
MM DD YYYY

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

Contact me to review
Order form

KEVIN
ORTHOPEDIC

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

2 REQUIRED

PATIENT

Patient's Email

First Name

Last Name

DOB / / Sex: M F Weight Height Shoe Size

3 REQUIRED

OPTIMIZATION

Bilateral (Asymmetrical)
 Mirror Right
 Mirror Left


Right Only
 Left Only

Fit Orthosis to submitted:
 Tracing Shoes Insoles

4 REQUIRED

FOOT ORTHOTIC (UCB TYPE) **SELECT ONE PER ORDER FORM**

Plantar View **RT**




Functional
 Core Functional: 4mm rigid frame, extrinsic rearfoot post, vinyl top cover, to mets

Sport
 Core All Purpose Sport: 3mm semi-rigid frame, extrinsic rearfoot post, EVA top cover, to toes
 Core Absorber: 2mm semiflexible frame, EVA frame filler, extrinsic rearfoot post, EVA top cover, to toes
 Core Carbon: 2.5mm rigid carbon frame, extrinsic rearfoot post, EVA top cover, to toes

Accomodative
 Core Accommodative: Flexible EVA frame and soft EVA frame filler, EVA top cover, to toes
 Core 3 Pair Diabetic Inserts: PDAC 3 pairs diabetic inserts, plastazote top cover to toes

Dress
 Core Dress: 3mm semi-rigid frame, intrinsic rearfoot post, vinyl top cover, to sulcus

Plantar View **LT**



OPTIONAL
















TOP COVER

Length of Cover: To Mets To Sulcus To Toes

EVA 2 3 (mm) Neoprene 1.5 3 (mm) Vinyl 0.75 (mm) Plastazote 0.75 (mm)
















OPTIONAL

PRONATION CORRECTIONS - RIGHT **LEFT - PRONATION CORRECTIONS**

	Varus Forefoot Posts	Balance FF to RF	8° <input type="checkbox"/> 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 90° <input type="checkbox"/>			90° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/>	Balance FF to RF	Varus Forefoot Posts	
		VR Extrinsic (Bar)	 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>			0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/>	VR Extrinsic (Bar)		
	Midfoot	Medial Flange	<input type="checkbox"/> Medium			<input type="checkbox"/> Medium	Medial Flange	Midfoot	
	Varus Rearfoot Posts	VR Intrinsic	 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>			0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/>	VR Intrinsic	Varus Rearfoot Posts	
	VR Extrinsic	 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>			0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/>	VR Extrinsic			

OPTIONAL

SUPINATION CORRECTIONS - RIGHT **LEFT - SUPINATION CORRECTIONS**

	Valgus Forefoot Posts	Balance FF to RF	8° <input type="checkbox"/> 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 90° <input type="checkbox"/>			90° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/>	Balance FF to RF	Valgus Forefoot Posts	
		VG Extrinsic (Bar)	 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>			0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/>	VG Extrinsic (Bar)		
	Midfoot	Lateral Flange	<input type="checkbox"/> Medium			<input type="checkbox"/> Medium	Lateral Flange	Midfoot	
	Valgus Rearfoot Posts	VG Intrinsic	 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>			0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/>	VG Intrinsic	Valgus Rearfoot Posts	
	VG Extrinsic	 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>			0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/>	VG Extrinsic			













OPTIONAL

EXTENSIONS - RIGHT **LEFT - EXTENSIONS**

	Sulcus length	Morton's Ext.	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> U.skiv <input type="checkbox"/>	Morton's Ext.	Sulcus length	
		Rev. Morton's	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> U.skiv <input type="checkbox"/>	Rev. Morton's		

OPT.

OFFLOADING PADS & CUSHIONS - RIGHT **LEFT - OFFLOADING PADS AND CUSHIONS**

	Forefoot	Met Punch <input checked="" type="checkbox"/> <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"/>			1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Met Punch	
		Met Pad 2-4	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/>	Met Pad 2-4	
		Met Bar 1-5	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/>	Met Bar 1-5	
		Dancer's Pad	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/>	Dancer's Pad	
	Rearfoot	Heel Cushion	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	Heel Cushion	

OPTIONAL

FRAME MODIFICATIONS - RIGHT **LEFT - FRAME MODIFICATIONS**

	Rearfoot	Heel Lift	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	Heel Lift	Rearfoot
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Special Instructions: