

# 1 CLINICIAN REQUIRED

Account ..... Location .....

PO Number .....

Clinician .....

Clinician Email .....

# Dorsiflex Carbon 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

## Recommended for:

Low to high-activity level patients

## Clinical indications:

Indicated for foot drop

# 4 AFO REQUIRED

## D100F Dorsiflex Posterior



### Indication

weak dorsiflexion only

- Posterior calf cuff
- Dynamic and durable carbon fiber
- Hemi-spiral Strut Design
- Positions foot safety during swing phase
- Dampens heel strike
- Prevents foot slap
- Fits a variety of footwear

L Codes: L1950 L2820 L2755 L2755

## D110F Dorsiflex Anterior



### Indication

weak dorsiflexion and plantar flexion

- Anterior tibial frame
- Dynamic and durable carbon fiber
- Hemi-spiral Strut Design
- Positions foot safety during swing phase
- Dampens heel strike
- Prevents foot slap
- Fits a variety of footwear

L Codes: L1950 L2820 L2755 L2755

### OPTIONS

#### Footplate Contour

Flat footplate



Contoured footplate D100C



#### Footplate Flexibility

Flexible

Normal

Stiff

Extra Stiff

#### Strut Side

Lateral (Standard)

Medial

#### Strut Flexibility

Flexible

Normal

Stiff

Extra Stiff

### OPTIONS

#### Footplate Contour

Flat footplate



Contoured footplate D110C



#### Footplate Flexibility

Flexible

Normal

Stiff

Extra Stiff

#### Strut Side

Lateral (Standard)

Medial

#### Strut Flexibility

Flexible

Normal

Stiff

Extra Stiff

# 6 IMPRESSION PREPARATION REQUIRED

<b>Ankle</b>	<input type="checkbox"/> As is	<input type="checkbox"/> Correct to 90°	
<b>Rearfoot</b>	<input type="checkbox"/> As is	<input type="checkbox"/> Correct to 90°	
<b>Forefoot</b>	<input type="checkbox"/> As is	<input type="checkbox"/> Balance FF to RF	

# A MEASUREMENTS OPTIONAL

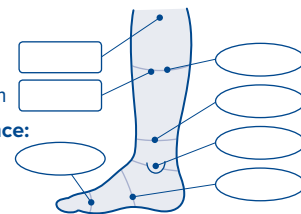
### Height:

Fibula Head

Proximal Trim

**Circumference:**

Forefoot



### Circumference:

Proximal Trim

Above Ankle

Ankle

Mid-Foot



Special Instructions: .....