

1 CLINICIAN REQUIRED

Account Location

PO Number

Clinician

Clinician Email

G300 Tamarack Dorsi Assist Gauntlet 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



G300 Tamarack Dorsi Assist Gauntlet

- 9" height
- 4mm polypropylene frame
- Rearfoot intrinsic post
- Tamarack dorsi-assist joints
- Leather top cover, leather liner
- Optional closures
- Device to mets

Suggested L Codes:
L1970, L2330, L2820, L2210, L2210

B FRAME TRIM LINES AND OPTIONS OPTIONAL

Medial flange height:
 Low Medium High

Lateral flange height:
 Low Medium High

Medial tibial trimlines:
 Posterior Bisecting Anterior

Lateral tibial trimlines:
 Posterior Bisecting Anterior

Tamarack Dorsi-Assist Durometer options:
 75 85

Closure options:
 Velcro Lace

Heel cut out:
 None Cut out

Color: Black Brown Natural tan Taupe White

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 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 RECOMMENDED

Height:

Fibula Head

Proximal Trim

Circumference:

Forefoot

Circumference:

Proximal Trim

Above Ankle

Ankle

Mid-Foot

Special Instructions:



C EXTENSIONS OPTIONAL

	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"/>		

D FRAME MODIFICATIONS OPTIONAL

	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

	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)	
	Midfoot	Scaphoid Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		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)	
	Lining under leather	Plastazote Liner	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	