

CLINICIAN

1 REQUIRED

Account Location

PO Number

Clinician

Clinician Email

P1 Achilles Tendinitis

Date: / /
MM DD YYYY

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



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

Contact me to review Order Form

PATIENT

2 REQUIRED

Patient's Email

First Name

Last Name

DOB / / Sex: M F Weight Height Shoe Size


Ship to Patient


Street Address


City State Zip


FOOT IMPRESSION METHOD


3 REQUIRED


Plaster Slipper Cast 

Foam Impression 

STS Slipper Socks 


3D Foot Scanner 


Pedobarography 


Existing Positive Model 

Store model for 3 months Digitize model Return model

Redimold:

Normal 

Planus 

Cavus 

OPTIMIZATION

Bilateral (Asymmetrical)


Mirror Right


Mirror Left


Right Only

Left Only

Fit Orthosis to submitted:

Tracing 

Insoles 

Shoes 

Recommended For:

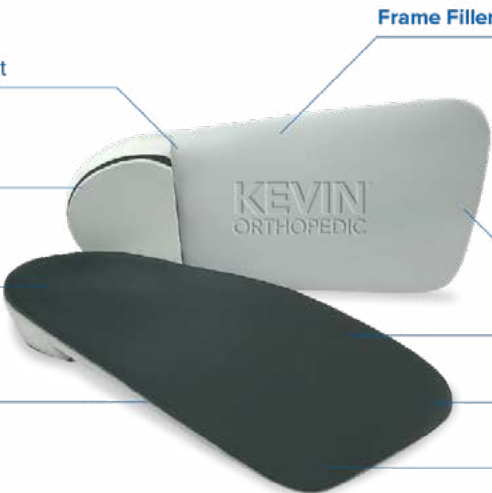
- Middle portion & insertional Achilles tendinopathy
- Retrocalcaneal bursitis
- Haglund's deformity

Clinical Indications:

- Achilles tendinitis
- Achilles synovitis
- Achilles Tendinosis
- Haglund's deformity/"pump bump"
- Retrocalcaneal exostosis



Standard specifications



Frame Material: Polypropylene per Weight

Rearfoot Post: 55-65 Shore A EVA

Heel Cup: 18mm

Custom Congruent To Foot Model

Frame Filler: None

Bottom Cover: None




Balance Forefoot To Rearfoot

Top Cover: .75mm Protex

Extension: None

MATERIALS

A OPTIONAL

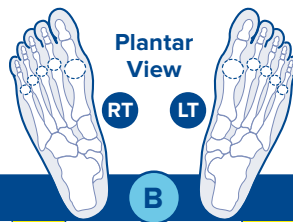
TOP COVER	Length of Cover:			FRAME	Flexible	Semi Flexible	Semi Rigid	Rigid	Very Rigid	Most Rigid
	 To Mets	 To Sulcus	 To Toes							
Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm)	Spenco <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm)	Protex <input checked="" type="checkbox"/> 0.75 (mm)	PolyPro mm	N/A	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
Glove Leather <input type="checkbox"/> 1 (mm)	Suede <input type="checkbox"/> 0.6 (mm)	Plastazote <input type="checkbox"/> 3 (mm)	Subo mm	N/A	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A	
<input type="checkbox"/> Glue only heel of top cover for placing forefoot pads in clinic				Carbon mm	N/A	1.5 <input type="checkbox"/>	2 <input type="checkbox"/>	2.5 <input type="checkbox"/>	3 <input type="checkbox"/>	3 TL <input type="checkbox"/>
BOTTOM COVER	Suede <input type="checkbox"/> 0.6 (mm)	Suede Bottom Wrap <input type="checkbox"/> 0.6 (mm)	TPE mm	3 <input type="checkbox"/>	4 <input type="checkbox"/>	N/A	N/A	N/A	N/A	
	Protex <input type="checkbox"/> 0.75 (mm)	Myolite <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm)	EVA Shore A	15 <input type="checkbox"/>	30 <input type="checkbox"/>	45 <input type="checkbox"/>	65 <input type="checkbox"/>	N/A	N/A	
			<input checked="" type="checkbox"/> None							

Special Instructions/Special Device:

PATIENT

First Name

Last Name



P1 Achilles Tendinitis

Date: / /
MM DD YYYY



PRONATION CORRECTIONS - RIGHT

LEFT - PRONATION CORRECTIONS

	Varus Forefoot Posts	Balance FF to RF VR Extrinsic (Bar) VR Met Wedge	8° 6° 4° 2° 90° 6° 4° 2° 0° 6° 4° 2°			90° 2° 4° 6° 8° 0° 2° 4° 6° 2° 4° 6°	Balance FF to RF VR Extrinsic (Bar) VR Met Wedge	Varus Forefoot Posts	
	Midfoot	Raise Med Arch Scaphoid Pad VR Cuboid Pad Medial Flange	6 4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm) High Medium Low			(mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6 Low Medium High	Raise Med Arch Scaphoid Pad VR Cuboid Pad Medial Flange	Midfoot	
	Varus Rearfoot Posts	VR Intrinsic VR Extrinsic Heel Skive	6° 4° 2° 0° 6° 4° 2° 0° 6 4 2 (mm)			0° 2° 4° 6° 0° 2° 4° 6° (mm) 2 4 6	VR Intrinsic VR Extrinsic Heel Skive	Varus Rearfoot Posts	

SUPINATION CORRECTIONS - RIGHT

LEFT - SUPINATION CORRECTIONS

	Valgus Forefoot Posts	Balance FF to RF VG Extrinsic (Bar) VG Met Wedge	8° 6° 4° 2° 90° 6° 4° 2° 0° 6° 4° 2°			90° 2° 4° 6° 8° 0° 2° 4° 6° 2° 4° 6°	Balance FF to RF VG Extrinsic (Bar) VG Met Wedge	Valgus Forefoot Posts	
	Midfoot	Lower Med Arch Lateral Flange VG Frame Filler VG Cuboid Pad	6 4.5 3 1.5 (mm) High Medium Low 6° 4° 2° 0° 6 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 6 Low Medium High 0° 2° 4° 6° (mm) 1.5 3 4.5 6	Lower Med Arch Lateral Flange VG Frame Filler VG Cuboid Pad	Midfoot	
	Valgus Rearfoot Posts	VG Intrinsic VG Extrinsic	6° 4° 2° 0° 6° 4° 2° 0°			0° 2° 4° 6° 0° 2° 4° 6°	VG Intrinsic VG Extrinsic	Valgus Rearfoot Posts	

EXTENSIONS - RIGHT

LEFT - EXTENSIONS

	Toe Length	Toe Extension Morton's Ext. Rev. Morton's Dynamic Wedge	Myolite 4.5 3 1.5 (mm) U.skiv 4.5 3 1.5 (mm) Skived 4.5 3 1.5 (mm) 3 1.5 (mm)			(mm) 1.5 3 4.5 Myolite (mm) 1.5 3 4.5 U.skiv (mm) 1.5 3 4.5 Skived (mm) 1.5 3	Toe Extension Morton's Ext. Rev. Morton's Dynamic Wedge	Toe Length	
	Sulcus Length	Sulcus Extension Morton's Ext. Rev. Morton's Foot Cookie Ext.	Myolite 4.5 3 1.5 (mm) U.skiv 4.5 3 1.5 (mm) Skived 4.5 3 1.5 (mm) Myolite 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 Myolite (mm) 1.5 3 4.5 U.skiv (mm) 1.5 3 4.5 Skived (mm) 1.5 3 4.5 Myolite	Sulcus Extension Morton's Ext. Rev. Morton's Foot Cookie Ext.	Sulcus Length	
Partial Foot Toe Filler	Toe Filler	5 th 4 th 3 rd 2 nd 1 st			1 st 2 nd 3 rd 4 th 5 th	Toe Filler	Partial Foot Toe Filler		

OFFLOADING PADS & CUSHIONS - RIGHT

LEFT - OFFLOADING PADS AND CUSHIONS

	Forefoot	Met Balance Met Punch Met Pad 2-4 Met Bar 1-5 Dancer's Pad	5 th 4 th 3 rd 2 nd 1 st 5 th 4 th 3 rd 2 nd 1 st 4.5 3 1.5 (mm) 4.5 3 1.5 (mm) 4.5 3 1.5 (mm)			1 st 2 nd 3 rd 4 th 5 th 1 st 2 nd 3 rd 4 th 5 th (mm) 1.5 3 4.5 (mm) 1.5 3 4.5 (mm) 1.5 3 4.5	Met Balance Met Punch Met Pad 2-4 Met Bar 1-5 Dancer's Pad	Forefoot	
	Midfoot	Cuboid Offload	6 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 6	Cuboid Offload	Midfoot	
	Rearfoot	Heel Cushion Heel Spur Pad	6 4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6	Heel Cushion Heel Spur Pad	Rearfoot	
Device Length	Cushion	Myolite Layer Plastazote Layer	4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 (mm) 1.5 3 4.5 6	Myolite Layer Plastazote Layer	Device Length Cushion	

FRAME MODIFICATIONS - RIGHT

LEFT - FRAME MODIFICATIONS

	Forefoot	1 st Ray Cut Out 5 th Ray Cut Out	Full 65° 45° 65° 45°			45° 65° Full 45° 65°	1 st Ray Cut Out 5 th Ray Cut Out	Forefoot	
	Midfoot	Navicular B. Out 5 th Button Out	6 4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6	Navicular B. Out 5 th Button Out	Midfoot	
	Rearfoot	Heel Aperture Heel Lift Heel Lift Tapered	With Visco Plug No Plug 6 4.5 3 1.5 (mm) 26 22 18 14 10 (mm)			No Plug With Visco Plug (mm) 1.5 3 4.5 6 (mm) 10 14 18 22 26	Heel Aperture Heel Lift Heel Lift Tapered	Rearfoot	
Frame Attributes	Frame Filler Filler Skive Heel Cup Depth Width of Frame Device Undercut	Rigid Semiflexible Myolite Max Med. Min. None 30 24 18 12 6 (mm) Wide Standard Narrow 30° 20° 15° 10° 0°			Myolite Semiflexible Rigid None Min. Med. Max (mm) 6 12 18 24 30 Narrow Standard Wide 0° 10° 15° 20° 30°	Frame Filler Filler Skive Heel Cup Depth Width of Frame Device Undercut	Frame Attributes		
Detached Carbon Foot Plate to Toes			Rigid Semi-rigid			Semi-rigid Rigid	Detached Carbon Foot Plate to Toes		

Special Instructions/Special Device: