

## CLINICIAN

**1** REQUIRED

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

PO Number .....

Clinician .....

Clinician Email .....

## P2 Adult Acquired Flatfoot 1 OF 2

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

## 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:

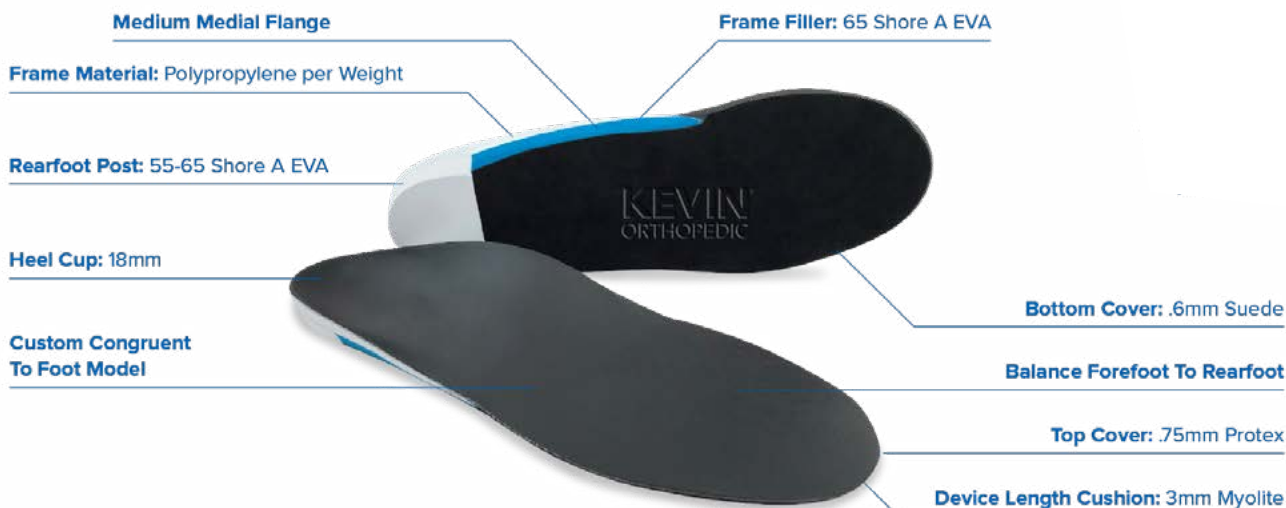
- Stage 1 adult acquired flatfoot
- Grade I & II posterior tibial tendon dysfunction

### Clinical Indications:

- Posterior Tibial Tendon Dysfunction (PTTD)
- Flexible and reducible adult acquired flatfoot



### Standard specifications



## MATERIALS

**A** OPTIONAL

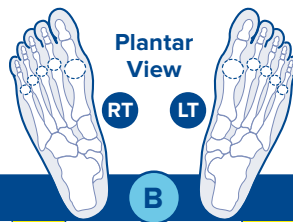
TOP COVER	Length of Cover:	To Mets	To Sulcus	To Toes	FRAME	Flexible	Semi Flexible	Semi Rigid	Rigid	Very Rigid	Most Rigid
		Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm)    Spenco <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm)    Protex <input type="checkbox"/> 0.75 (mm)				PolyPro mm	N/A	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	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) <input type="checkbox"/> None			EVA Shore A	15 <input type="checkbox"/>	30 <input type="checkbox"/>	45 <input type="checkbox"/>	65 <input type="checkbox"/>	N/A	N/A

Special Instructions/Special Device: .....

# PATIENT

First Name .....

Last Name .....



# P2 Adult Acquired Flatfoot 2 OF 2

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



## PRONATION CORRECTIONS - RIGHT

## LEFT - PRONATION CORRECTIONS

	<b>Varus Forefoot Posts</b>	Balance FF to RF VR Extrinsic (Bar) VR Met Wedge	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 VR Extrinsic (Bar) VR Met Wedge	<b>Varus Forefoot Posts</b>	
	<b>Midfoot</b>	Raise Med Arch Scaphoid Pad VR Cuboid Pad Medial Flange	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm) 6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm) 6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm) High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/> (mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/> (mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	Raise Med Arch Scaphoid Pad VR Cuboid Pad Medial Flange	<b>Midfoot</b>	
	<b>Varus Rearfoot Posts</b>	VR Intrinsic VR Extrinsic Heel Skive	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/> 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> (mm)			0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> (mm) 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/>	VR Intrinsic VR Extrinsic Heel Skive	<b>Varus Rearfoot Posts</b>	

## SUPINATION CORRECTIONS - RIGHT

## LEFT - SUPINATION CORRECTIONS

	<b>Valgus Forefoot Posts</b>	Balance FF to RF VG Extrinsic (Bar) VG Met Wedge	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 VG Extrinsic (Bar) VG Met Wedge	<b>Valgus Forefoot Posts</b>	
	<b>Midfoot</b>	Lower Med Arch Lateral Flange VG Frame Filler VG Cuboid Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm) High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/> 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"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> (mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	Lower Med Arch Lateral Flange VG Frame Filler VG Cuboid Pad	<b>Midfoot</b>	
	<b>Valgus Rearfoot Posts</b>	VG Intrinsic VG Extrinsic	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/> 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"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/>	VG Intrinsic VG Extrinsic	<b>Valgus Rearfoot Posts</b>	

## EXTENSIONS - RIGHT

## LEFT - EXTENSIONS

	<b>Toe Length</b>	Toe Extension Morton's Ext. Rev. Morton's Dynamic Wedge	Myolite 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm) U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm) Skived <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm) 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"/> Myolite (mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> U.skiv (mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> Skived (mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/>	Toe Extension Morton's Ext. Rev. Morton's Dynamic Wedge	<b>Toe Length</b>	
	<b>Sulcus Length</b>	Sulcus Extension Morton's Ext. Rev. Morton's Foot Cookie Ext.	Myolite 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm) U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm) Skived <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm) Myolite 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"/> Myolite (mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> U.skiv (mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> Skived (mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> Myolite	Sulcus Extension Morton's Ext. Rev. Morton's Foot Cookie Ext.	<b>Sulcus Length</b>	
<b>Partial Foot Toe Filler</b>	Toe Filler <input checked="" type="checkbox"/>	5 <sup>th</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/>			1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/>	Toe Filler <input checked="" type="checkbox"/>	<b>Partial Foot Toe Filler</b>		

## OFFLOADING PADS & CUSHIONS - RIGHT

## LEFT - OFFLOADING PADS AND CUSHIONS

	<b>Forefoot</b>	Met Balance <input checked="" type="checkbox"/> Met Punch <input checked="" type="checkbox"/> Met Pad 2-4 Met Bar 1-5 Dancer's Pad	5 <sup>th</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm) 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm) 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> (mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> (mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> (mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/>	<input checked="" type="checkbox"/> Met Balance <input checked="" type="checkbox"/> Met Punch Met Pad 2-4 Met Bar 1-5 Dancer's Pad	<b>Forefoot</b>	
	<b>Midfoot</b>	Cuboid Offload	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"/>	Cuboid Offload	<b>Midfoot</b>	
	<b>Rearfoot</b>	Heel Cushion Heel Spur Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm) 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"/> (mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	Heel Cushion Heel Spur Pad	<b>Rearfoot</b>	
<b>Device Length</b>	<b>Myolite Layer</b>	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"/>	Myolite Layer	<b>Device Length</b>		
<b>Cushion</b>	Plastazote Layer	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"/>	Plastazote Layer	<b>Cushion</b>		

## FRAME MODIFICATIONS - RIGHT

## LEFT - FRAME MODIFICATIONS

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

Special Instructions/Special Device: .....