

**CLINICIAN**

**1 REQUIRED**

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

PO Number .....

Clinician .....

Clinician Email .....

**T1 Care Soft**

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  3D Foot Scanner

Foam Impression  Pedobarography

STS Slipper Socks  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:**

- Active to sedative patients
- Walking and athletic shoes with removable insoles

**Clinical Indications:**

- Arthritis of rearfoot or forefoot
- Exostosis prominences and deformities
- Ganglion cysts
- Ledderhose or plantar fibromatosis
- Hypersensitive feet



**Standard specifications**

Frame Material: Thermocork

Rearfoot Post: Intrinsic

Heel Cup: 12mm

Custom Congruent To Foot Model

Frame Filler: 30 Shore A EVA

Bottom Cover: .6mm Suede

Balance Forefoot To Rearfoot

Top Cover: 1mm Glove Leather

Extension: 1.5mm Myolite

Device Length Cushion: 3mm Plastazote

**MATERIALS**

**A OPTIONAL**

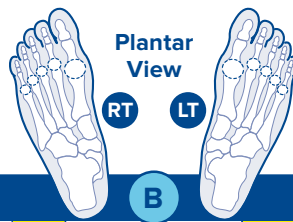
TOP COVER	Length of Cover:			FRAME	Flexible	Semi Flexible	Semi Rigid	Rigid	Very Rigid	Most Rigid
	To Mets	To Sulcus	To Toes							
<input type="checkbox"/> Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm)	<input type="checkbox"/> Spenco <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm)	<input type="checkbox"/> Protex <input type="checkbox"/> 0.75 (mm)	<b>PolyPro</b> mm	N/A	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>					
<input checked="" type="checkbox"/> Glove Leather <input type="checkbox"/> 1 (mm)	<input type="checkbox"/> Suede <input type="checkbox"/> 0.6 (mm)	<input type="checkbox"/> Plastazote <input type="checkbox"/> 3 (mm)	<b>Subo</b> mm	N/A	<input type="checkbox"/> 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			<b>Carbon</b> mm	N/A	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Suede <input type="checkbox"/> 0.6 (mm)	<input type="checkbox"/> Suede Bottom Wrap <input type="checkbox"/> 0.6 (mm)	<b>TPE</b> mm	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A <input type="checkbox"/> N/A	<input type="checkbox"/> N/A <input type="checkbox"/> N/A					
	<input type="checkbox"/> Protex <input type="checkbox"/> 0.75 (mm)	<input type="checkbox"/> Myolite <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm) <input type="checkbox"/> None	<b>Thermocork</b>	N/A	<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 65 <input type="checkbox"/> N/A <input type="checkbox"/> N/A					

Special Instructions/Special Device: .....

# PATIENT

First Name .....

Last Name .....



# T1 Care Soft

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° 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	<b>Varus Forefoot Posts</b>	
	<b>Midfoot</b>	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	<b>Midfoot</b>	
	<b>Varus Rearfoot Posts</b>	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	<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° 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	<b>Valgus Forefoot Posts</b>	
	<b>Midfoot</b>	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	<b>Midfoot</b>	
	<b>Valgus Rearfoot Posts</b>	VG Intrinsic VG Extrinsic	6° 4° 2° 0° 6° 4° 2° 0°			0° 2° 4° 6° 0° 2° 4° 6°	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 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	<b>Toe Length</b>	
	<b>Sulcus Length</b>	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.	<b>Sulcus Length</b>	
<b>Partial Foot Toe Filler</b>	Toe Filler	5 <sup>th</sup> 4 <sup>th</sup> 3 <sup>rd</sup> 2 <sup>nd</sup> 1 <sup>st</sup>			1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	Toe Filler	<b>Partial Foot Toe Filler</b>		

## OFFLOADING PADS & CUSHIONS - RIGHT

## LEFT - OFFLOADING PADS AND CUSHIONS

	<b>Forefoot</b>	Met Balance Met Punch Met Pad 2-4 Met Bar 1-5 Dancer's Pad	5 <sup>th</sup> 4 <sup>th</sup> 3 <sup>rd</sup> 2 <sup>nd</sup> 1 <sup>st</sup> 5 <sup>th</sup> 4 <sup>th</sup> 3 <sup>rd</sup> 2 <sup>nd</sup> 1 <sup>st</sup> 4.5 3 1.5 (mm) 4.5 3 1.5 (mm) 4.5 3 1.5 (mm)			1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> (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	<b>Forefoot</b>	
	<b>Midfoot</b>	Cuboid Offload	6 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 6	Cuboid Offload	<b>Midfoot</b>	
	<b>Rearfoot</b>	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	<b>Rearfoot</b>	
<b>Device Length</b>	<b>Cushion</b>	Myolite Layer Plastazote Layer	4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm)	Myolite Myolite	(mm) 1.5 3 4.5 (mm) 1.5 3 4.5 6	Myolite Layer Plastazote Layer	<b>Device Length</b> <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 65° 45° 65° 45°			45° 65° Full 45° 65°	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 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 <sup>th</sup> Button Out	<b>Midfoot</b>	
	<b>Rearfoot</b>	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	<b>Rearfoot</b>	
<b>Frame Attributes</b>	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	<b>Frame Attributes</b>		
<b>Detached Carbon Foot Plate to Toes</b>			Rigid Semi-rigid			Semi-rigid Rigid	<b>Detached Carbon Foot Plate to Toes</b>		

Special Instructions/Special Device: .....