

CLINICIAN

1 REQUIRED

L7 Cobra

Account Location

PO Number

Clinician

Clinician Email

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

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



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

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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:

- Very low volume and high heel shoes
- High fashion shoe gear
- Midtarsal support
- Rearfoot control

Clinical Indications:

- Overpronation
- Lower extremity pathology
- Poor posture



Standard specifications



Frame Material: Subortholene per Weight

Rearfoot Post: Intrinsic

Heel Cup: 6mm

Custom Congruent To Foot Model

Frame Filler: 30 Shore A EVA

Bottom Cover: .6mm Suede

Balance to the Rearfoot

Top Cover: .75mm Protex

Extension: None

MATERIALS

A OPTIONAL

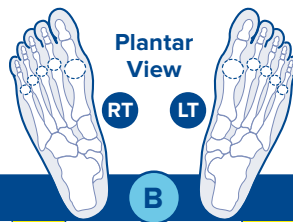
| TOP COVER | Length of Cover: | | | FRAME | Flexible | Semi Flexible | Semi Rigid | Rigid | Very Rigid | Most Rigid |
|---|--|--|---|--|--|---|---|---|---|------------|
| | To Mets | To Sulcus | To Toes | | | | | | | |
| Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm) Glove Leather <input type="checkbox"/> 1 (mm) <input type="checkbox"/> Glue only heel of top cover for placing forefoot pads in clinic | Spenco <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm) Suede <input type="checkbox"/> 0.6 (mm) | Protex <input checked="" type="checkbox"/> 0.75 (mm) Plastazote <input type="checkbox"/> 3 (mm) | PolyPro mm Subo mm Carbon mm TPE mm EVA Shore A | N/A N/A N/A 3 <input type="checkbox"/> 15 <input type="checkbox"/> | 2 <input type="checkbox"/> 2 <input type="checkbox"/> 1.5 <input type="checkbox"/> 4 <input type="checkbox"/> | 3 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> N/A | 4 <input type="checkbox"/> 4 <input type="checkbox"/> 2.5 <input type="checkbox"/> N/A | 5 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> N/A | 6 <input type="checkbox"/> N/A 3 TL <input type="checkbox"/> N/A | N/A |

Special Instructions/Special Device:

PATIENT

First Name

Last Name



L7 Cobra

Date: / /
MM DD YYYY



PRONATION CORRECTIONS - RIGHT

LEFT - PRONATION CORRECTIONS

| | | | | | | | |
|-----------------------------|-----------------------------|--|--|--|---|--------------------|--|
| | Varus Forefoot Posts | Balance FF to RF <input type="checkbox"/> 8° <input type="checkbox"/> 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input checked="" type="checkbox"/> 90° | | | <input checked="" type="checkbox"/> 90° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° | Balance FF to RF | |
| | | VR Extrinsic (Bar) | | | <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° | VR Extrinsic (Bar) | |
| | | VR Met Wedge | | | <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° | VR Met Wedge | |
| Midfoot | Raise Med Arch | 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 | Raise Med Arch | |
| | Scaphoid Pad | 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 | Scaphoid Pad | |
| | VR Cuboid Pad | 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 | VR Cuboid Pad | |
| | Medial Flange | High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> | | | Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> | Medial Flange | |
| Varus Rearfoot Posts | VR Intrinsic | | | | <input checked="" type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° | VR Intrinsic | |
| | VR Extrinsic | | | | <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° | VR Extrinsic | |
| | Heel Skive | | | | (mm) 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> | Heel Skive | |

SUPINATION CORRECTIONS - RIGHT

LEFT - SUPINATION CORRECTIONS

| | | | | | | | |
|------------------------------|------------------------------|--|--|--|--|--------------------|--|
| | Valgus Forefoot Posts | Balance FF to RF <input type="checkbox"/> 8° <input type="checkbox"/> 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input checked="" type="checkbox"/> 90° | | | <input type="checkbox"/> 90° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° | Balance FF to RF | |
| | | VG Extrinsic (Bar) | | | <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° | VG Extrinsic (Bar) | |
| | | VG Met Wedge | | | <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° | VG Met Wedge | |
| Midfoot | Lower Med Arch | 6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 1.5 <input type="checkbox"/> (mm) | | | (mm) 1.5 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4.5 <input type="checkbox"/> 6 | Lower Med Arch | |
| | Lateral Flange | High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> | | | Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> | Lateral Flange | |
| | VG Frame Filler | | | | <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° | 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) | | | (mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 | VG Cuboid Pad | |
| Valgus Rearfoot Posts | VG Intrinsic | | | | <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° | VG Intrinsic | |
| | VG Extrinsic | | | | <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° | VG Extrinsic | |

EXTENSIONS - RIGHT

LEFT - EXTENSIONS

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

OFFLOADING PADS & CUSHIONS - RIGHT

LEFT - OFFLOADING PADS AND CUSHIONS

| | | | | | | | | |
|----------------------|-----------------|--|---|--|---|---|---|--|
| | 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 | | | 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th | <input checked="" type="checkbox"/> Met Balance | |
| | | 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 | | | 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th | <input checked="" type="checkbox"/> Met Punch | |
| | | Met Pad 2-4 | 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 | Met Pad 2-4 | |
| | | Met Bar 1-5 | 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 | Met Bar 1-5 | |
| | | Dancer's Pad | 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 | Dancer's Pad | |
| Midfoot | 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 | Cuboid Offload | | |
| | Rearfoot | Heel Cushion | 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 | Heel Cushion | |
| Heel Spur Pad | | 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 | Heel Spur Pad | | |
| Device Length | Cushion | Myolite Layer | 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 | Myolite Layer | |
| | | 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 | Plastazote Layer | |

FRAME MODIFICATIONS - RIGHT

LEFT - FRAME MODIFICATIONS

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

Special Instructions/Special Device: