

**CLINICIAN**

**1 REQUIRED**

**A9 Coleman**

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

PO Number .....

Clinician .....

Clinician Email .....

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

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



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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:**

- Athletic and walking shoes with removable insoles
- Plantar-flexed 1st ray deformities
- Rigid Cavo-varus architecture

**Clinical Indications:**

- Cavovarus deformity
- Rigid plantar-flexed 1st ray
- Flexible rearfoot



**Standard specifications**

Frame Material: Polypropylene per Weight

Frame Filler: VG Lateral Frame Filler  
45 Shore A EVA

Rearfoot Post: Extrinsic Oblique 55-65 Shore A EVA

Heel Cup: 12mm

Custom Congruent To Foot Model

Bottom Cover: .6mm Suede

Balance Forefoot to Rearfoot

Top Cover: .75mm Protex

Extension: 3mm Rev. Morton's

**MATERIALS**

**A OPTIONAL**

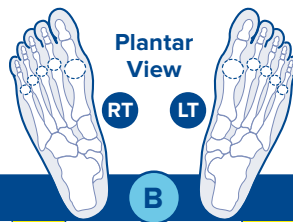
TOP COVER	Length of Cover:	<input type="checkbox"/> To Mets	<input type="checkbox"/> To Sulcus	<input type="checkbox"/> To Toes	FRAME	Flexible	Semi Flexible	Semi Rigid	Rigid	Very Rigid	Most Rigid
	Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm) Glove Leather <input type="checkbox"/> 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 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"/> 30 <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> N/A 45 <input type="checkbox"/>	4 <input type="checkbox"/> 4 <input type="checkbox"/> 2.5 <input type="checkbox"/> N/A 65 <input type="checkbox"/>	5 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> N/A N/A	6 <input type="checkbox"/> N/A 3 TL <input type="checkbox"/> N/A N/A	
BOTTOM COVER	Suede <input type="checkbox"/> 0.6 (mm) Protex <input type="checkbox"/> 0.75 (mm)	Suede Bottom Wrap <input type="checkbox"/> 0.6 (mm) Myolite <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm)	<input type="checkbox"/> None								

Special Instructions/Special Device: .....

**PATIENT**

First Name .....

Last Name .....



**A9 Coleman**

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 Extrinsic Oblique	6° 4° 2° 0° 6° 4° 2° 0°			0° 2° 4° 6° 0° 2° 4° 6°	VG Intrinsic Extrinsic Oblique	<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)			(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>	Lateral Frame Filler Filler Skive Heel Cup Depth Width of Frame Device Undercut	Rigid Semirigid Myolite Max Med. Min. N/A 30 24 18 12 6 (mm) Wide Standard Narrow 30° 20° 15° 10° 0°			Myolite Semirigid Rigid N/A Min. Med. Max (mm) 6 12 18 24 30 Narrow Standard Wide 0° 10° 15° 20° 30°	Lateral 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: .....