

# CLINICIAN

**1** REQUIRED

# L9 Coleman LP



Call us: 1-877-767-3338  
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Account ..... Location .....

PO Number .....

Clinician .....

Clinician Email .....

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

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

Contact me to review Order Form

# PATIENT

**2** REQUIRED

Patient's Email .....

First Name .....

Last Name .....

DOB ...../...../..... Sex:  M  F Weight ..... Height ..... Shoe Size .....

MM DD YYYY

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:

- Low volume athletic and walking shoes
- Plantarflexed 1st ray deformities
- Rigid cavovarus architecture

## Clinical Indications:

- Cavovarus deformity
- Rigid plantar-flexed first ray
- Flexible rearfoot



## Standard specifications



# MATERIALS

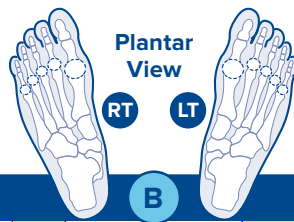
**A** OPTIONAL

TOP COVER	Length of Cover:			FRAME	Flexible	Semi Flexible	Semi Rigid	Rigid	Very Rigid	Most Rigid
	To Mets	To Sulcus	To Toes							
Protex <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)	<b>PolyPro</b> 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 checked="" 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 .....



**L9 Coleman LP**

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



**PRONATION CORRECTIONS - RIGHT** **B** **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** **C** **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** **D** **LEFT - EXTENSIONS**

	<b>Toe Length</b>	Toe Extension Morton's Ext. Rev. Morton's Dynamic Wedge	<b>Myolite</b> 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 <b>Myolite</b> (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.	<b>Myolite</b> 4.5 3 1.5 (mm) U.skiv 4.5 3 1.5 (mm) Skived 4.5 3 1.5 (mm) <b>Myolite</b> 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 <b>Myolite</b> (mm) 1.5 3 4.5 U.skiv (mm) 1.5 3 4.5 Skived (mm) 1.5 3 4.5 <b>Myolite</b>	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** **E** **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> 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> (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>Myolite</b> 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	<b>Myolite</b> Layer Plastazote Layer	<b>Device Length</b>		

**FRAME MODIFICATIONS - RIGHT** **F** **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 Undercut & Plantar Grind	Rigid Semiflexible Myolite Max Med. Min. None 30 24 18 12 6 (mm) Wide Standard Narrow 30° 20° 15° 10° 0°			<b>Myolite</b> 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 Undercut & Plantar Grind	<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: .....