

CLINICIAN

1 REQUIRED

Account Location

PO Number

Clinician

Clinician Email

A8 Dynamic Arch Support 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:

- Athletic shoes with removable insoles
- Active lifestyle patients
- Training the body for efficient biomechanics

Clinical Indications:

- Overpronation
- Lower extremity pathology
- Poor posture

Standard specifications

Frame Material: Polypropylene

Rearfoot Post: Intrinsic

Heel Cup: 12mm

Custom Congruent To Foot Model

Frame Filler: None

Bottom Cover: .6mm Suede

Balance Forefoot to Rearfoot

Top Cover: 2mm Prolite

Extension: 1.5mm Myolite

MATERIALS

A OPTIONAL

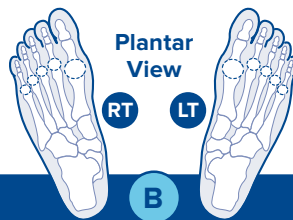
TOP COVER	Length of Cover: <input type="checkbox"/> To Mets <input type="checkbox"/> To Sulcus <input type="checkbox"/> To Toes			FRAME	Flexible	Semi Flexible	Semi Rigid	Rigid	Very Rigid	Most Rigid
	Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm)	Spenco <input type="checkbox"/> 1.5 <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"/> 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 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	N/A	N/A	
	Protex <input type="checkbox"/> 0.75 (mm)	Myolite <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm)	EVA Shore A	15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 65 <input type="checkbox"/>	N/A	N/A	N/A	N/A		

Special Instructions/Special Device:

PATIENT

First Name

Last Name



A8 Dynamic Arch Support 2 OF 2

Date: / /
MM DD YYYY



PRONATION CORRECTIONS - RIGHT

LEFT - PRONATION CORRECTIONS

	Varus Forefoot Posts	Balance FF to RF <input type="checkbox"/> None <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"/> None <input type="checkbox"/>	Balance FF to RF	Varus Forefoot Posts	
		VR Extrinsic (Bar)	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"/>	VR Extrinsic (Bar)		
		VR Met Wedge	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/>		2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/>	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 <input type="checkbox"/>	Raise Med Arch	Midfoot	
	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 <input type="checkbox"/>	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 <input type="checkbox"/>	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	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"/>	VR Intrinsic	Varus Rearfoot Posts	
	VR Extrinsic	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"/>	VR Extrinsic		
	Heel Skive	6 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> (mm)			(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 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	Valgus Forefoot Posts	
		VG Extrinsic (Bar)	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"/>	VG Extrinsic (Bar)		
		VG Met Wedge	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/>		2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/>	VG Met Wedge		
Midfoot	Lower 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 <input type="checkbox"/>	Lower Med Arch	Midfoot	
	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	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"/>	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 <input type="checkbox"/>	VG Cuboid Pad		
Valgus Rearfoot Posts	VG Intrinsic	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"/>	VG Intrinsic	Valgus Rearfoot Posts	
	VG Extrinsic	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"/>	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	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	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	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	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 <input type="checkbox"/>			1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/>	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 <input type="checkbox"/>			1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/>	<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 <input type="checkbox"/>			1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/>	<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 <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	Cuboid Offload	Midfoot	
	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 <input type="checkbox"/>	Heel Cushion		
Rearfoot	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 <input type="checkbox"/>	Heel Spur Pad	Rearfoot	
	Device Length	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 <input type="checkbox"/>	Myolite Layer		
Cushion	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	Cushion	

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 <input type="checkbox"/>	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 <input type="checkbox"/>	5 th Button Out		
Rearfoot	Heel Aperture	With Visco Plug <input type="checkbox"/> No Plug <input type="checkbox"/>			No Plug <input type="checkbox"/> With Visco Plug <input type="checkbox"/>	Heel Aperture	Rearfoot	
	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 <input type="checkbox"/>	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 <input type="checkbox"/>	Heel Lift Tapered		
Frame Attributes	Frame Filler	Rigid <input type="checkbox"/> Semiflexible <input type="checkbox"/> Myolite <input type="checkbox"/>			Myolite <input type="checkbox"/> Semiflexible <input type="checkbox"/> Rigid <input type="checkbox"/>	Frame Filler	Frame Attributes	
	Filler Skive	Max <input 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 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 type="checkbox"/> (mm)			(mm) 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 30 <input type="checkbox"/>	Heel Cup Depth		
	Width of Frame	Wide <input type="checkbox"/> Standard <input type="checkbox"/> Narrow <input type="checkbox"/>			Narrow <input type="checkbox"/> Standard <input type="checkbox"/> Wide <input type="checkbox"/>	Width of Frame		
	Device Undercut	30° <input 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 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: