

**CLINICIAN**

**1** REQUIRED

**A10 Easy Flex**

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  
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 

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 that require minimal correction

**Clinical Indications:**

- Overpronation
- Lower extremity pathology
- Poor posture



**Standard specifications**

Frame Material: Semiflexible Polypropylene per weight

Rearfoot Post: Intrinsic

Heel Cup: 12mm

Custom Congruent To Foot Model

Frame Filler: 15 Shore A Myolite

Bottom Cover: .6mm Suede




Balance Forefoot to Rearfoot

Top Cover: 3mm Spenco

Extension: None

**MATERIALS**

**A** OPTIONAL

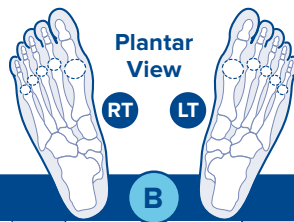
TOP COVER	Length of Cover:  <input type="checkbox"/> To Mets  <input type="checkbox"/> To Sulcus  <input type="checkbox"/> To Toes			FRAME	Flexible	Semi Flexible	Semi Rigid	Rigid	Very Rigid	Most Rigid
	Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm)    Spenco <input type="checkbox"/>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



**A10 Easy Flex**

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° <b>90°</b>			<b>90°</b> 2° 4° 6° 8°	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° <b>0°</b> 6° 4° 2° 0° 6 4 2 (mm)			<b>0°</b> 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° <b>90°</b>			<b>90°</b> 2° 4° 6° 8°	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 <b>3</b> 1.5 (mm) High Medium Low 6° 4° 2° 0° 6 4.5 3 1.5 (mm)			(mm) 1.5 <b>3</b> 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	<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 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	<b>Partial Foot Toe Filler</b>		

**OFFLOADING PADS & CUSHIONS - RIGHT**

**LEFT - OFFLOADING PADS AND CUSHIONS**

	<b>Forefoot</b>	Met Balance <input checked="" type="checkbox"/> Met Punch <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Met Balance <input checked="" type="checkbox"/> 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 Cushion</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 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 <b>Myolite</b> Max <b>Med.</b> Min. None 30 24 18 <b>12</b> 6 (mm) Wide <b>Standard</b> Narrow 30° 20° <b>15°</b> 10° 0°			<b>Myolite</b> Semiflexible Rigid None Min. <b>Med.</b> Max (mm) 6 <b>12</b> 18 24 30 Narrow <b>Standard</b> Wide 0° 10° <b>15°</b> 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: .....