

CLINICIAN

1 REQUIRED

Account Location

PO Number

Clinician

Clinician Email

P12 Pes Planus

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 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:

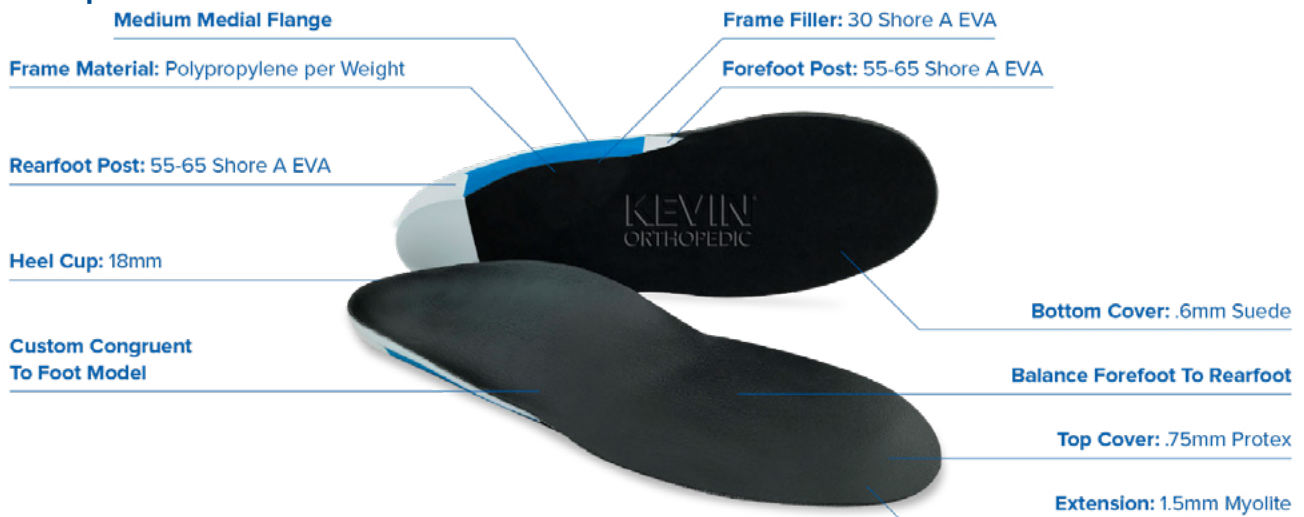
- Compensated rearfoot valgus coupled with flexible forefoot varus
- Forefoot supinatus

Clinical Indications:

- Forefoot varus
- Flatfoot
- Acquired pes planus
- Pes planovalgus
- Hindfoot valgus deformity



Standard specifications



MATERIALS

A OPTIONAL

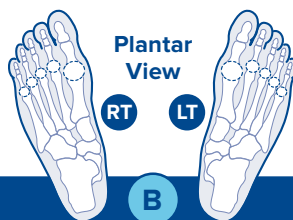
TOP COVER	Length of Cover:	<input type="checkbox"/> To Mets	<input type="checkbox"/> To Sulcus	<input checked="" type="checkbox"/> To Toes	FRAME	Flexible	Semi Flexible	Semi Rigid	Rigid	Very Rigid	Most Rigid
		Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm) Spenco <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm) Protex <input checked="" 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"/>
	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



P12 Pes Planus

Date: / /
MM DD YYYY



PRONATION CORRECTIONS - RIGHT LEFT - PRONATION CORRECTIONS

	Varus Forefoot Posts	Balance FF to RF VR Extrinsic (Bar) VR Met Wedge	8° 6° 4° 2° 90° 6° 4° 2° 0° 6° 4° 2° 0°			90° 2° 4° 6° 8° 0° 2° 4° 6° 2° 4° 6°	Balance FF to RF VR Extrinsic (Bar) VR Met Wedge	Varus Forefoot Posts	
	Midfoot	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 <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input type="checkbox"/>			(mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6 Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	Raise Med Arch Scaphoid Pad VR Cuboid Pad Medial Flange	Midfoot	
	Varus Rearfoot Posts	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	Varus Rearfoot Posts	

SUPINATION CORRECTIONS - RIGHT LEFT - SUPINATION CORRECTIONS

	Valgus Forefoot Posts	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	Valgus Forefoot Posts	
	Midfoot	Lower Med Arch Lateral Flange VG Frame Filler VG Cuboid Pad	6 4.5 3 1.5 (mm) High <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input type="checkbox"/> 6° 4° 2° 0° 6 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 6 Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> 0° 2° 4° 6° (mm) 1.5 3 4.5 6	Lower Med Arch Lateral Flange VG Frame Filler VG Cuboid Pad	Midfoot	
	Valgus Rearfoot Posts	VG Intrinsic VG Extrinsic	6° 4° 2° 0° 6° 4° 2° 0°			0° 2° 4° 6° 0° 2° 4° 6°	VG Intrinsic VG Extrinsic	Valgus Rearfoot Posts	

EXTENSIONS - RIGHT LEFT - EXTENSIONS

	Toe Length	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	Toe Length	
	Sulcus Length	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.	Sulcus Length	
Partial Foot Toe Filler	Toe Filler <input checked="" type="checkbox"/>	5 th 4 th 3 rd 2 nd 1 st			1 st 2 nd 3 rd 4 th 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"/> Met Punch <input checked="" type="checkbox"/> Met Pad 2-4 Met Bar 1-5 Dancer's Pad	5 th 4 th 3 rd 2 nd 1 st 4.5 3 1.5 (mm) 4.5 3 1.5 (mm) 4.5 3 1.5 (mm)			1 st 2 nd 3 rd 4 th 5 th (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	Forefoot	
	Midfoot	Cuboid Offload	6 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 6	Cuboid Offload	Midfoot	
	Rearfoot	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	Rearfoot	
Device Length	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	Device Length Cushion		

FRAME MODIFICATIONS - RIGHT LEFT - FRAME MODIFICATIONS

	Forefoot	1 st Ray Cut Out 5 th Ray Cut Out	Full <input type="checkbox"/> 65° <input type="checkbox"/> 45° <input type="checkbox"/> 65° <input type="checkbox"/> 45° <input type="checkbox"/>			45° <input type="checkbox"/> 65° <input type="checkbox"/> Full <input type="checkbox"/> 45° <input type="checkbox"/> 65° <input type="checkbox"/>	1 st Ray Cut Out 5 th Ray Cut Out	Forefoot	
	Midfoot	Navicular B. Out 5 th 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 th Button Out	Midfoot	
	Rearfoot	Heel Aperture Heel Lift Heel Lift Tapered	With Visco Plug <input type="checkbox"/> No Plug <input type="checkbox"/> 6 4.5 3 1.5 (mm) 26 22 18 14 10 (mm)			No Plug <input type="checkbox"/> With Visco Plug <input type="checkbox"/> (mm) 1.5 3 4.5 6 (mm) 10 14 18 22 26	Heel Aperture Heel Lift Heel Lift Tapered	Rearfoot	
Frame Attributes	Frame Filler Filler Skive Heel Cup Depth Width of Frame Device Undercut	Semirigid <input type="checkbox"/> Semiflexible <input type="checkbox"/> Myolite <input type="checkbox"/> Max <input type="checkbox"/> Med. <input type="checkbox"/> Min. <input type="checkbox"/> None <input type="checkbox"/> 30 24 18 12 6 (mm) Wide <input type="checkbox"/> Standard <input type="checkbox"/> Narrow <input type="checkbox"/> 30° 20° 15° 10° 0°			Myolite <input type="checkbox"/> Semiflexible <input type="checkbox"/> Semirigid <input type="checkbox"/> None <input type="checkbox"/> Min. <input type="checkbox"/> Med. <input type="checkbox"/> Max <input type="checkbox"/> (mm) 6 12 18 24 30 Narrow <input type="checkbox"/> Standard <input type="checkbox"/> Wide <input type="checkbox"/> 0° 10° 15° 20° 30°	Frame Filler Filler Skive Heel Cup Depth Width of Frame Device Undercut	Frame Attributes		
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: