

CLINICIAN

1 REQUIRED

Account Location

PO Number

Clinician

Clinician Email

L2 Princess

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:

- Fashion shoes
- Sockless or nylons
- Flats and heels with a consistent inclination angle

Clinical Indications:

- Forefoot pathology
- Overpronation
- Lower extremity pathology
- Poor posture



Standard specifications



MATERIALS

A OPTIONAL

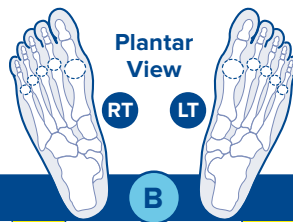
TOP COVER	Length of Cover:			FRAME	Flexible	Semi Flexible	Semi Rigid	Rigid	Very Rigid	Most Rigid
	To Metatarsals	To Sulcus	To Toes							
Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm) Glove Leather <input type="checkbox"/> 1 (mm)	Spenco <input type="checkbox"/> 1.5 <input type="checkbox"/> 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"/>	
<input type="checkbox"/> Glue only heel of top cover for placing forefoot pads in clinic	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	
Suede <input type="checkbox"/> 0.6 (mm)	Suede Bottom Wrap <input type="checkbox"/> 0.6 (mm)	None	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"/>	
Protex <input type="checkbox"/> 0.75 (mm)	Myolite <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm)		TPE mm	3 <input type="checkbox"/>	4 <input type="checkbox"/>	N/A	N/A	N/A	N/A	
			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



L2 Princess

Date: / /
MM DD YYYY



PRONATION CORRECTIONS - RIGHT **B** **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°			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 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	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 **C** **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 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	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 **D** **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 **E** **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 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 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		

FRAME MODIFICATIONS - RIGHT **F** **LEFT - FRAME MODIFICATIONS**

	Forefoot	1 st Ray Cut Out 5 th Ray Cut Out	Full 65° 45° 65° 45°			45° 65° Full 45° 65°	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 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	Rearfoot	
Frame Attributes	Frame Filler Filler Skive Heel Cup Depth Width of Frame Device Undercut	Rigid Semiflexible Myolite Max Med. Min. None 30 24 18 12 6 (mm) Wide Standard Narrow 30° 20° 15° 10° 0°			Myolite 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 Device Undercut	Frame Attributes		
Detached Carbon Foot Plate to Toes			Rigid Semi-rigid			Semi-rigid Rigid	Detached Carbon Foot Plate to Toes		

Special Instructions/Special Device: