

CLINICIAN

1 REQUIRED

L3 Ultra Slim

Account Location

PO Number

Clinician

Clinician Email

Date: / /
MM DD YYYY

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



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hello@kevinorthopedic.com

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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:

- Dress flats and very low volume shoes
- Control biomechanical pathologies

Clinical Indications:

- Overpronation
- Lower extremity pathology
- Poor posture



Standard specifications

Frame Material: Semiflexible Carbon

Rearfoot Post: Intrinsic

Heel Cup: 6mm

Custom Congruent To Foot Model

Frame Filler: None

Bottom Cover: .6mm Suede Wrap

Balance Forefoot To Rearfoot

Top Cover: .75mm Protex

Extension: None

MATERIALS

A OPTIONAL

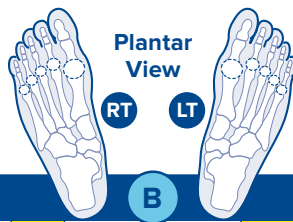
TOP COVER	Length of Cover:	<input type="checkbox"/> To Mets	<input type="checkbox"/> To Sulcus	<input type="checkbox"/> To Toes	FRAME	Flexible	Semi Flexible	Semi Rigid	Rigid	Very Rigid	Most Rigid
		Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm) Spenco <input type="checkbox"/> 1.5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



L3 Ultra Slim

Date: / /
MM DD YYYY



PRONATION CORRECTIONS - RIGHT **B** **LEFT - PRONATION CORRECTIONS**

	Varus Forefoot Posts	Balance FF to RF <input type="checkbox"/> 8° <input type="checkbox"/> 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input checked="" type="checkbox"/> 90°			<input checked="" type="checkbox"/> 90° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8°	Balance FF to RF	
		VR Extrinsic (Bar)			VR Extrinsic (Bar)	VR Extrinsic (Bar)	
		VR Met Wedge			VR Met Wedge	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				<input checked="" type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	VR Intrinsic	Varus Rearfoot Posts
	VR Extrinsic				0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	VR Extrinsic	
	Heel Skive				(mm) 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/>	Heel Skive	

SUPINATION CORRECTIONS - RIGHT **C** **LEFT - SUPINATION CORRECTIONS**

	Valgus Forefoot Posts	Balance FF to RF <input type="checkbox"/> 8° <input type="checkbox"/> 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input checked="" type="checkbox"/> 90°			<input type="checkbox"/> 90° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8°	Balance FF to RF	
		VG Extrinsic (Bar)			0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	VG Extrinsic (Bar)	
		VG Met Wedge			2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	VG Met Wedge	
Midfoot	Lower Med Arch	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input checked="" 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				0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	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				0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	VG Intrinsic	Valgus Rearfoot Posts
	VG Extrinsic				0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	VG Extrinsic	

EXTENSIONS - RIGHT **D** **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 **E** **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	
	Rearfoot	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	
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		
Device Length	Cushion	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	
		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	

FRAME MODIFICATIONS - RIGHT **F** **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: