

1 CLINICIAN REQUIRED

Account Location

PO Number

Clinician

Clinician Email

A200 Tamarack Free Motion AFO Order Form

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

2 PATIENT REQUIRED

Patient's Email

First Name

Last Name

DOB/...../..... Sex: M F Weight Height



A200 Tamarack Free Motion AFO

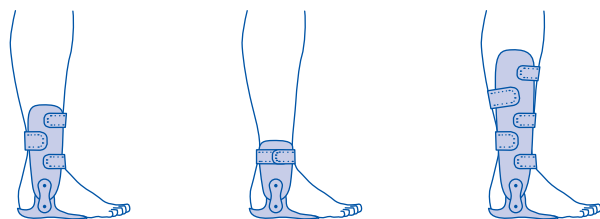
- 4mm Polypropylene frame
- Rearfoot intrinsic post
- Tamarack joints
- 3mm 30 shore a eva top cover
- 2 anterior/1 posterior straps
- Media & lateral upper lining
- Mid fibula height
- Device to mets

3 SIDE	IMPRESSION	FITTING
Use separate Rx for each side	<input type="checkbox"/> Plaster	Shoe size: <input type="text"/>
<input type="checkbox"/> Right	<input checked="" type="checkbox"/> STS Casting Socks	Fit AFO to submitted:
<input type="checkbox"/> Left	<input type="checkbox"/> 3D Foot Scanner	<input type="checkbox"/> Tracing
	<input type="checkbox"/> Fiberglass Casting Tape	<input type="checkbox"/> Shoes

4 MODEL HEIGHT & COVER LENGTH REQUIRED

Height:

- A109 - Standard (mid fibula) A105 - Short (above malleoli) A112 - Tall (to fibula head)



Length of 3mm EVA Cover:

- To Mets To Sulcus To Toes

A MEASUREMENTS OPTIONAL

Height: Fibula Head Circumference: Proximal Trim

Proximal Trim Above Ankle

Circumference: Ankle

Forefoot Mid-Foot

B PRONATION CORRECTIONS OPTIONAL

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

C SUPINATION CORRECTIONS OPTIONAL

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

D EXTENSIONS OPTIONAL

	Toe Length	Toe Extension	Myolite 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Morton's Ext.	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Rev. Morton's	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Dynamic Wedge	3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	Sulcus Length	Sulcus Extension	Myolite 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Morton's Ext.	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Rev. Morton's	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Foot Cookie Ext.	Myolite 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
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"/>		

E OFFLOADING PADS & CUSHIONS OPTIONAL

	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"/>	
		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"/>	
		Met Pad 2-4	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Met Bar 1-5	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Dancer's Pad	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	Midfoot	Cuboid Offload	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Rearfoot	Heel Cushion	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)
	Device Length Cushion	Heel Spur Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Myolite Layer	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	Device Length Cushion	Plastazote Layer	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	

F FRAME MODIFICATIONS OPTIONAL

	Forefoot	1 st Ray Cut Out	Full <input type="checkbox"/> 65° <input type="checkbox"/> 45° <input type="checkbox"/>	
		5 th Ray Cut Out	65° <input type="checkbox"/> 45° <input type="checkbox"/>	
	Midfoot	Navicular B. Out	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		5 th Button Out	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	Rearfoot	Heel Lift	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Heel Lift Tapered	26 <input type="checkbox"/> 22 <input type="checkbox"/> 18 <input type="checkbox"/> 14 <input type="checkbox"/> 10 <input type="checkbox"/> (mm)	
		Heel Cup Depth	30 <input type="checkbox"/> 24 <input type="checkbox"/> 18 <input type="checkbox"/> 12 <input type="checkbox"/> 6 <input type="checkbox"/> (mm)	

Special Instructions:

