

# 1 CLINICIAN REQUIRED

Account ..... Location .....

PO Number .....

Clinician .....

Clinician Email .....

# G200 Tamarack Free Motion Gauntlet 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 MM/DD/YYYY Sex:  M  F Weight ..... Height .....

# B FRAME TRIM LINES AND OPTIONS OPTIONAL

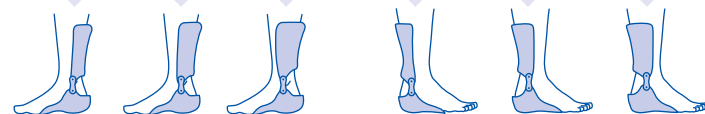
Medial flange height:  Low  Medium  High

Lateral flange height:  Low  Medium  High



Medial tibial trimlines:  Posterior  Bisecting  Anterior

Lateral tibial trimlines:  Posterior  Bisecting  Anterior



Closure options:  Velcro  Lace

Heel cut out:  None  Cut out



Color:  Black  Brown  Natural tan  Taupe  White



## G200 Tamarack Free Motion Gauntlet

- 4mm polypropylene frame
- Rearfoot intrinsic post
- Tamarack joints
- Leather t/c
- Leather liner
- Velcro closures
- Device to mets

Suggested L Codes:  
L-Code: L1970, L2330, L2820

# 3 SIDE

Use separate Rx for each side

Right

Left

# IMPRESSION

Plaster

STS  STS Casting Socks

3D Foot Scanner

Fiberglass Casting Tape

# FITTING

Shoe size:

Fit AFO to submitted:

Tracing

Shoes

# 4 IMPRESSION PREPARATION REQUIRED

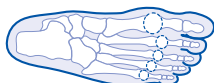
<b>Ankle</b>	<input type="checkbox"/> As is <input type="checkbox"/> Correct to 90°	
<b>Rearfoot</b>	<input type="checkbox"/> As is <input type="checkbox"/> Correct to 90°	
<b>Forefoot</b>	<input type="checkbox"/> As is <input type="checkbox"/> Balance FF to RF	

# A MEASUREMENTS RECOMMENDED

Height: Fibula Head  Proximal Trim  Forefoot

Circumference: Proximal Trim  Above Ankle  Ankle  Mid-Foot

Special Instructions: .....



# C EXTENSIONS OPTIONAL

	<b>Toe Length</b>	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)		
	<b>Sulcus Length</b>	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)
	<b>Partial Foot Toe Filler</b>	Toe Filler <input checked="" type="checkbox"/>	5 <sup>th</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/>		

# D FRAME MODIFICATIONS OPTIONAL

	<b>Forefoot</b>	1 <sup>st</sup> Ray Cut Out	Full <input type="checkbox"/> 65° <input type="checkbox"/> 45° <input type="checkbox"/>	
		5 <sup>th</sup> Ray Cut Out	65° <input type="checkbox"/> 45° <input type="checkbox"/>	
	<b>Midfoot</b>	Navicular B. Out	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		5 <sup>th</sup> Button Out	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	<b>Rearfoot</b>	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)	

# E OFFLOADING PADS & CUSHIONS OPTIONAL

	<b>Forefoot</b>	Met Balance <input checked="" type="checkbox"/>	5 <sup>th</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/>	
		Met Punch <input checked="" type="checkbox"/>	5 <sup>th</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 1 <sup>st</sup> <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)	
	<b>Midfoot</b>	Scaphoid Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Cuboid Offload	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Heel Cushion	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	<b>Rearfoot</b>	Heel Spur Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	<b>Lining under leather</b>	Plastazote Liner	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	