

1 CLINICIAN REQUIRED

Account Location

PO Number

Clinician

Clinician Email

G250 Overlapping Articulating Gauntlet AFO Order Form

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

2 PATIENT REQUIRED

Patient's Email

First Name

Last Name

DOB MM/DD/YYYY Sex: M F Weight Height



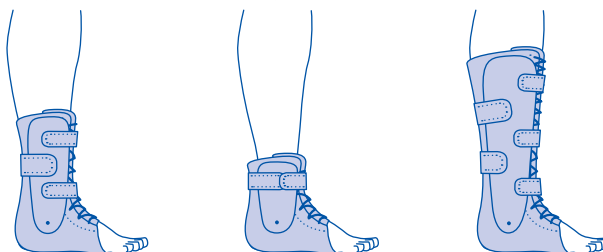
- G250 Overlapping Articulating Gauntlet**
- 9" height, (5" and 12" optional)
 - 4mm polypropylene frame
 - Rearfoot intrinsic post
 - Leather top cover, leather liner
 - 2 anterior/1 posterior straps
 - Exterior struts
 - Device to mets

Suggested L Codes:
 L1970, L2275, L2820, L2330

B MODEL HEIGHT & COVER LENGTH OPTIONAL

Height:

- G109 - Standard** (mid fibula) G105 - Short (above malleoli) G112 - Tall (to fibula head)

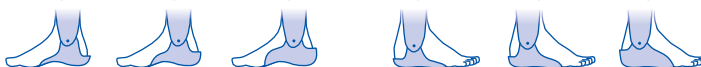


Medial flange height:

- Low **Medium** High

Lateral flange height:

- Low **Medium** High



- Color: **Black** Brown Natural tan Taupe White



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

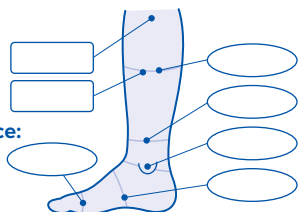
Shoes

4 IMPRESSION PREPARATION REQUIRED

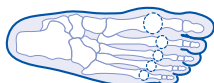
Ankle	<input type="checkbox"/> As is <input type="checkbox"/> Correct to 90°	
Rearfoot	<input type="checkbox"/> As is <input type="checkbox"/> Correct to 90°	
Forefoot	<input type="checkbox"/> As is <input type="checkbox"/> Balance FF to RF	

A MEASUREMENTS RECOMMENDED

- Height:**
- Fibula Head
- Proximal Trim
- Circumference:**
- Forefoot
- Proximal Trim
- Above Ankle
- Ankle
- Mid-Foot



Special Instructions:



C 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)		
	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)
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"/>		

D 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)	

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)	
		Scaphoid Pad	6 <input type="checkbox"/> 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)	
		Heel Cushion	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	Rearfoot	Heel Spur Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
Lining under leather		Plastazote Liner	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	