

1 CLINICIAN REQUIRED

Account Location

PO Number

Clinician

Clinician Email

G300 Tamarack Dorsi Assist 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

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

Tamarack Dorsi-Assist Durometer options: 75 85

Closure options: Velcro Lace

Heel cut out: None Cut out

Color: Black Brown Natural tan Taupe White



G300 Tamarack Dorsi Assist Gauntlet

- 9" height
- 4mm polypropylene frame
- Rearfoot intrinsic post
- Tamarack dorsi-assist joints
- Leather top cover, leather liner
- Optional closures
- Device to mets

Suggested L Codes:
 L1970, L2330, L2820, L2210, L2210

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

4 IMPRESSION PREPARATION REQUIRED

Area	Options	Diagrams
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: Proximal Trim, Above Ankle, Ankle, Mid-Foot

Special Instructions:

C EXTENSIONS OPTIONAL

Extension	Material	Options	Diagram
Toe Length	Toe Extension	Myolite 4.5 3 1.5 (mm)	
	Morton's Ext.	U.skiv 4.5 3 1.5 (mm)	
	Rev. Morton's	U.skiv 4.5 3 1.5 (mm)	
Sulcus Length	Sulcus Extension	Myolite 4.5 3 1.5 (mm)	
	Morton's Ext.	U.skiv 4.5 3 1.5 (mm)	
	Rev. Morton's	U.skiv 4.5 3 1.5 (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	

D FRAME MODIFICATIONS OPTIONAL

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

E OFFLOADING PADS & CUSHIONS OPTIONAL

Location	Pad/Cushion	Options	Diagram
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	
	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	
	Met Pad 2-4	4.5 3 1.5 (mm)	
	Met Bar 1-5	4.5 3 1.5 (mm)	
	Dancer's Pad	4.5 3 1.5 (mm)	
	Scaphoid Pad	6 4.5 3 1.5 (mm)	
Midfoot	Cuboid Offload	6 4.5 3 1.5 (mm)	
	Heel Cushion	6 4.5 3 1.5 (mm)	
Rearfoot	Heel Spur Pad	6 4.5 3 1.5 (mm)	
	Plastazote Liner	4.5 3 1.5 (mm)	