

# 1 CLINICIAN REQUIRED

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

PO Number .....

Clinician .....

Clinician Email .....

# G50 Cabbie 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 ..... / ..... / ..... Sex:  M  F Weight ..... Height .....



- G50 Cabbie**
- Supramalleolar height
  - Vacuum formed
  - 4mm poly frame
  - Rearfoot intrinsic post
  - Leather top cover
  - Leather liner
  - Lace closures
  - Device to metatarsals

Suggested L Codes:  
L1907, L2330

# B FRAME TRIM LINES AND OPTIONS OPTIONAL

Medial flange height:  Low  Medium  High

Lateral flange height:  Low  Medium  High

Heel cup height:  None  Low  Medium  High

Color:  Black  Brown  Natural tan  Taupe  White

# 3 SIDE

Use separate Rx for each side

Right

Left

# IMPRESSION

Plaster

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

Circumference: Forefoot

Circumference: Above Ankle

Circumference: Ankle

Circumference: Mid-Foot

Special Instructions: .....

# C EXTENSIONS OPTIONAL

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

# D FRAME MODIFICATIONS OPTIONAL

	<b>Forefoot</b>	1 <sup>st</sup> Ray Cut Out	Full 65° 45°	
		5 <sup>th</sup> Ray Cut Out	65° 45°	
	<b>Midfoot</b>	Navicular B. Out	6 4.5 3 1.5 (mm)	
		5 <sup>th</sup> Button Out	6 4.5 3 1.5 (mm)	
	<b>Rearfoot</b>	Heel Lift	6 4.5 3 1.5 (mm)	
		Heel Lift Tapered	26 22 18 14 10 (mm)	

# E OFFLOADING PADS & CUSHIONS OPTIONAL

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