

1 CLINICIAN REQUIRED

Account Location

PO Number

Clinician

Clinician Email

G800 Balance Brace Gauntlet AFO Order form

KEVIN
ORTHOPEDIC
INSTITUTE

Call us: 1-877-767-3338
Fax: 1-866-919-9268
www.kevinorthopedic.com
hello@kevinorthopedic.com

Date: MM/DD/YYYY

Rush order due date: MM/DD/YYYY

Contact me to review Order Form

Required information Optional information Recommended

2 PATIENT REQUIRED

Patient's Email

First Name

Last Name

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

3 SIDE	IMPRESSION	FITTING
<input type="checkbox"/> Bilateral <input type="checkbox"/> Right Only <input type="checkbox"/> Left Only	<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

G800 Balance Brace Gauntlet

Suggested L Codes:
L1940, L2820, L2330

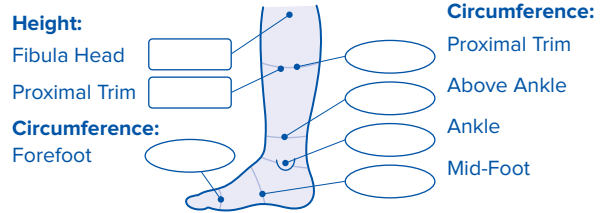
- 9" height
- 3mm polypropylene frame
- Leather cover
- Leather liner
- Velcro closures
- Device to mets



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



EXTENSIONS - RIGHT

	Toe Length	Toe Extension	Myolite 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)		
	Sulcus Length	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	Skived <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"/>			

B OPTIONAL

	(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> Myolite		
	(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> U.skiv		
	(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> Skived		
Partial Foot Toe Filler	1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/>		

LEFT - EXTENSIONS

Toe Extension	Toe Length
Morton's Ext.	
Rev. Morton's	
Sulcus Extension	Sulcus Length
Morton's Ext.	
Rev. Morton's	
Toe Filler <input checked="" type="checkbox"/>	Partial Foot Toe Filler

FRAME MODIFICATIONS - RIGHT

	Forefoot	1 st Ray Cut Out	Full <input type="checkbox"/> 65° <input type="checkbox"/> 45° <input type="checkbox"/>		
	Midfoot	5 th Ray Cut Out	65° <input type="checkbox"/> 45° <input type="checkbox"/>		
Rearfoot		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)			
	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)			

C OPTIONAL

	45° <input type="checkbox"/> 65° <input type="checkbox"/> Full <input type="checkbox"/>		
	45° <input type="checkbox"/> 65° <input type="checkbox"/>		
	(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>		
	(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>		
	(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>		
	(mm) 10 <input type="checkbox"/> 14 <input type="checkbox"/> 18 <input type="checkbox"/> 22 <input type="checkbox"/> 26 <input type="checkbox"/>		

LEFT - FRAME MODIFICATIONS

1 st Ray Cut Out	Forefoot
5 th Ray Cut Out	
Navicular B. Out	Midfoot
5 th Button Out	
Heel Lift	Rearfoot
Heel Lift Tapered	

OFFLOADING PADS & CUSHIONS - RIGHT

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

D OPTIONAL LEFT - OFFLOADING PADS & CUSHIONS

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

Special Instructions:

Signature: