

# CLINICIAN

1 REQUIRED

Account ..... Location .....  
 PO Number .....  
 Clinician .....  
 Clinician Email .....

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

# PATIENT








2 REQUIRED




Patient's Email .....  
 First Name .....  
 Last Name .....  
 DOB ..... / ..... / ..... Sex:  M  F Weight ..... Height ..... Shoe Size .....

Ship to Patient   
 Street Address .....  
 City ..... State ..... Zip .....

# FOOT IMPRESSION METHOD

3 REQUIRED




Plaster Slipper Cast   
 Foam Impression   
  STS Slipper Socks   
 3D Foot Scanner   
 Pedobarography   
 Existing Positive Model 

Redimold:  
 Normal   
 Planus   
 Cavus 

Store model for 3 months  Digitize model  Return model

# OPTIMIZATION

Bilateral (Asymmetrical)  
 Mirror Right  
 Mirror Left  
 Right Only  
 Left Only

Fit Orthosis to submitted:  
 Tracing   
 Insoles   
 Shoes 

# FOOT ORTHOTIC (UCB TYPE)

4 REQUIRED

# SELECT ONE PER ORDER FORM

## Active

- A1 Pro Sport
- A2 Carbon Sport
- A3 Classic Sport
- A4 Subo-Flex
- A5 Supporter
- A6 Cork & Leather
- A7 Pro EVA
- A8 DAS
- A9 Coleman
- A10 Easy Flex
- A11 Cushion Plus
- A12 Unit

## Pathology

- P1 Achilles Tendinitis
- P2 Adult Acquired Flatfoot
- P3 Lateral Ankle Instability
- P4 Hallux Limitus
- P5 Hallux Rigidus
- P6 Heel Spur
- P7 Intoeing Gait
- P8 Metatarsalgia
- P9 Neuroma
- P10 Pediatric Flatfoot
- P11 Pes Cavus
- P12 Pes Planus
- P13 Plantar Fasciitis
- P14 Sesamoiditis

## Dress

- L1 Fashion
- L2 Princess
- L3 Ultra Slim
- L4 Subo-Flex LP
- L5 Supporter LP
- L6 Perseus
- L7 Cobra
- L8 DAS LP
- L9 Coleman LP

## Therapeutic

- T1 Care Soft
- T2 Care Firm
- T3 Premium Diabetic

## UCBL

- T4 UCBL
- T5 Modified UCBL
- T6 Pediatric UCBL
- T9 EVA UCBL

## Sport Specific




- S1 Ski
- S2 Ski Pro
- S3 Snowboard
- S4 Basketball
- S4.5 Equipe Basketball
- S5 Football
- S5.5 Lineman
- S6 Baseball
- S7 Soccer
- S8 Jogging
- S9 Marathoner
- S10 Volleyball
- S11 Tennis
- S12 Water
- S13 Skateboard
- S14 Track & Field
- S15 Golf
- S16 Road Cycling
- S17 Mountain Biking
- S18 Trail Running
- S19 Figure Skating
- S20 Ice/Roller Hockey
- S21 Hunting & Fishing
- S22 Hiker
- S23 Ultralite Runner

## Military

- M1 Field
- M2 Garrison
- M3 Leisure

# MATERIALS

A OPTIONAL

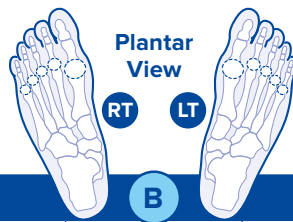
TOP COVER	Length of Cover:			FRAME	Flexible	Semi Flexible	Semi Rigid	Rigid	Very Rigid	Most Rigid
	 To Mets	 To Sulcus	 To Toes							
Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm)	Spenco <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm)	Protex <input type="checkbox"/> 0.75 (mm)		PolyPro mm	N/A	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>				
Glove Leather <input type="checkbox"/> 1 (mm)	Suede <input type="checkbox"/> 0.6 (mm)	Plastazote <input type="checkbox"/> 3 (mm)		Subo mm	N/A	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A				
<input type="checkbox"/> Glue only heel of top cover for placing forefoot pads in clinic				Carbon mm	N/A	1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3 <input type="checkbox"/> 3 TL <input type="checkbox"/>				
BOTTOM COVER	Suede <input type="checkbox"/> 0.6 (mm)	Suede Bottom Wrap <input type="checkbox"/> 0.6 (mm)		TPE mm	3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A	N/A	N/A	N/A	N/A	N/A
	Protex <input type="checkbox"/> 0.75 (mm)	Myolite <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm)		EVA Shore A	15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 65 <input type="checkbox"/> N/A	N/A	N/A	N/A	N/A	N/A

Special Instructions/Special Device: .....

**PATIENT**

First Name .....

Last Name .....



Date: ..... / ..... / .....  
MM DD YYYY



**PRONATION CORRECTIONS - RIGHT**

**LEFT - PRONATION CORRECTIONS**

	<b>Varus Forefoot Posts</b>	Balance FF to RF VR Extrinsic (Bar) VR Met Wedge	8° 6° 4° 2° 90° 6° 4° 2° 0° 6° 4° 2°			90° 2° 4° 6° 8° 0° 2° 4° 6° 2° 4° 6°	Balance FF to RF VR Extrinsic (Bar) VR Met Wedge	<b>Varus Forefoot Posts</b>	
	<b>Midfoot</b>	Raise Med Arch Scaphoid Pad VR Cuboid Pad Medial Flange	6 4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm) High Medium Low			(mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6 Low Medium High	Raise Med Arch Scaphoid Pad VR Cuboid Pad Medial Flange	<b>Midfoot</b>	
	<b>Varus Rearfoot Posts</b>	VR Intrinsic VR Extrinsic Heel Skive	6° 4° 2° 0° 6° 4° 2° 0° 6 4 2 (mm)			0° 2° 4° 6° 0° 2° 4° 6° (mm) 2 4 6	VR Intrinsic VR Extrinsic Heel Skive	<b>Varus Rearfoot Posts</b>	

**SUPINATION CORRECTIONS - RIGHT**

**LEFT - SUPINATION CORRECTIONS**

	<b>Valgus Forefoot Posts</b>	Balance FF to RF VG Extrinsic (Bar) VG Met Wedge	8° 6° 4° 2° 90° 6° 4° 2° 0° 6° 4° 2°			90° 2° 4° 6° 8° 0° 2° 4° 6° 2° 4° 6°	Balance FF to RF VG Extrinsic (Bar) VG Met Wedge	<b>Valgus Forefoot Posts</b>	
	<b>Midfoot</b>	Lower Med Arch Lateral Flange VG Frame Filler VG Cuboid Pad	6 4.5 3 1.5 (mm) High Medium Low 6° 4° 2° 0° 6 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 6 Low Medium High 0° 2° 4° 6° (mm) 1.5 3 4.5 6	Lower Med Arch Lateral Flange VG Frame Filler VG Cuboid Pad	<b>Midfoot</b>	
	<b>Valgus Rearfoot Posts</b>	VG Intrinsic VG Extrinsic	6° 4° 2° 0° 6° 4° 2° 0°			0° 2° 4° 6° 0° 2° 4° 6°	VG Intrinsic VG Extrinsic	<b>Valgus Rearfoot Posts</b>	

**EXTENSIONS - RIGHT**

**LEFT - EXTENSIONS**

	<b>Toe Length</b>	Toe Extension Morton's Ext. Rev. Morton's Dynamic Wedge	Myolite 4.5 3 1.5 (mm) U.skiv 4.5 3 1.5 (mm) Skived 4.5 3 1.5 (mm) 3 1.5 (mm)			(mm) 1.5 3 4.5 Myolite (mm) 1.5 3 4.5 U.skiv (mm) 1.5 3 4.5 Skived (mm) 1.5 3	Toe Extension Morton's Ext. Rev. Morton's Dynamic Wedge	<b>Toe Length</b>	
	<b>Sulcus Length</b>	Sulcus Extension Morton's Ext. Rev. Morton's Foot Cookie Ext.	Myolite 4.5 3 1.5 (mm) U.skiv 4.5 3 1.5 (mm) Skived 4.5 3 1.5 (mm) Myolite 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 Myolite (mm) 1.5 3 4.5 U.skiv (mm) 1.5 3 4.5 Skived (mm) 1.5 3 4.5 Myolite	Sulcus Extension Morton's Ext. Rev. Morton's Foot Cookie Ext.	<b>Sulcus Length</b>	
<b>Partial Foot Toe Filler</b>	Toe Filler	5 <sup>th</sup> 4 <sup>th</sup> 3 <sup>rd</sup> 2 <sup>nd</sup> 1 <sup>st</sup>			1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	Toe Filler	<b>Partial Foot Toe Filler</b>		

**OFFLOADING PADS & CUSHIONS - RIGHT**

**LEFT - OFFLOADING PADS AND CUSHIONS**

	<b>Forefoot</b>	Met Balance Met Punch Met Pad 2-4 Met Bar 1-5 Dancer's Pad	5 <sup>th</sup> 4 <sup>th</sup> 3 <sup>rd</sup> 2 <sup>nd</sup> 1 <sup>st</sup> 5 <sup>th</sup> 4 <sup>th</sup> 3 <sup>rd</sup> 2 <sup>nd</sup> 1 <sup>st</sup> 4.5 3 1.5 (mm) 4.5 3 1.5 (mm) 4.5 3 1.5 (mm)			1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> (mm) 1.5 3 4.5 (mm) 1.5 3 4.5 (mm) 1.5 3 4.5	Met Balance Met Punch Met Pad 2-4 Met Bar 1-5 Dancer's Pad	<b>Forefoot</b>	
	<b>Midfoot</b>	Cuboid Offload	6 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 6	Cuboid Offload	<b>Midfoot</b>	
	<b>Rearfoot</b>	Heel Cushion Heel Spur Pad	6 4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6	Heel Cushion Heel Spur Pad	<b>Rearfoot</b>	
<b>Device Length</b>	<b>Cushion</b>	Myolite Layer Plastazote Layer	4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 (mm) 1.5 3 4.5 6	Myolite Layer Plastazote Layer	<b>Device Length</b>	<b>Cushion</b>

**FRAME MODIFICATIONS - RIGHT**

**LEFT - FRAME MODIFICATIONS**

	<b>Forefoot</b>	1 <sup>st</sup> Ray Cut Out 5 <sup>th</sup> Ray Cut Out	Full 65° 45° 65° 45°			45° 65° Full 45° 65°	1 <sup>st</sup> Ray Cut Out 5 <sup>th</sup> Ray Cut Out	<b>Forefoot</b>	
	<b>Midfoot</b>	Navicular B. Out 5 <sup>th</sup> Button Out	6 4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6	Navicular B. Out 5 <sup>th</sup> Button Out	<b>Midfoot</b>	
	<b>Rearfoot</b>	Heel Aperture Heel Lift Heel Lift Tapered	With Visco Plug No Plug 6 4.5 3 1.5 (mm) 26 22 18 14 10 (mm)			No Plug With Visco Plug (mm) 1.5 3 4.5 6 (mm) 10 14 18 22 26	Heel Aperture Heel Lift Heel Lift Tapered	<b>Rearfoot</b>	
<b>Frame Attributes</b>	Frame Filler Filler Skive Heel Cup Depth Width of Frame Device Undercut	Rigid Semiflexible Myolite Max Med. Min. None 30 24 18 12 6 (mm) Wide Standard Narrow 30° 20° 15° 10° 0°			Myolite Semiflexible Rigid None Min. Med. Max (mm) 6 12 18 24 30 Narrow Standard Wide 0° 10° 15° 20° 30°	Frame Filler Filler Skive Heel Cup Depth Width of Frame Device Undercut	<b>Frame Attributes</b>		
<b>Detached Carbon Foot Plate to Toes</b>			Rigid Semi-rigid			Semi-rigid Rigid	<b>Detached Carbon Foot Plate to Toes</b>		

Special Instructions/Special Device: .....