

# 1 CLINICIAN REQUIRED

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

PO Number .....

Clinician .....

Clinician Email .....

# T100 Leaf Spring AFO Order Form

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

Rush order due date:  
..... / ..... / .....  
MM DD YYYY

**KEVIN**  
ORTHOPEDIC  
INSTITUTE

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

# B FRAME TRIM LINES AND OPTIONS OPTIONAL

**Medial flange height:**  
 Medium  High

Standard bisection

**Lateral flange height:**  
 Medium  High

Heel cut out

**Foot frame length:**  
 Metatarsals  Sulcus  Toes

# 2 PATIENT REQUIRED

Patient's Email .....

First Name .....

Last Name .....

DOB ..... / ..... / ..... Sex:  M  F Weight ..... Height .....



- T100 Leaf Spring**
- 4mm Polypropylene frame
  - Rearfoot intrinsic post
  - No joints
  - No top cover
  - Tibial strap & pad
  - Mid fibula height
  - Reduced posterior trimlines
  - Device to mets

# 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

**Height:** Fibula Head, Proximal Trim

**Circumference:** Proximal Trim, Above Ankle, Ankle, 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)	
	<b>Rearfoot</b>	Heel Cushion	6 4.5 3 1.5 (mm)	
		Heel Spur Pad	6 4.5 3 1.5 (mm)	
	<b>Plastazote Liner</b>	Foot Plate Liner	4.5 3 1.5 (mm)	
		Foot & Upright	4.5 3 1.5 (mm)	