

1 CLINICIAN REQUIRED

Account Location

PO Number

Clinician

Clinician Email

T150 Solid Ankle 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

Posterior of bisection Standard bisection Anterior of 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



- T150 Solid Ankle**
- 4mm Polypropylene frame
 - Rearfoot intrinsic post
 - No joints
 - No top cover
 - Tibial strap & pad
 - Mid fibula height
 - Extended anterior 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

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

Circumference:
Forefoot

Special Instructions:

C EXTENSIONS OPTIONAL

	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 4 th 3 rd 2 nd 1 st			

D FRAME MODIFICATIONS OPTIONAL

	Forefoot	1 st Ray Cut Out	Full 65° 45°	
		5 th Ray Cut Out	65° 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

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