

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

Contact me to review Order Form



Call us: 1-877-767-3338

Fax: 1-866-919-9268

www.kevinorthopedic.com

hello@kevinorthopedic.com

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

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

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	<input type="checkbox"/> 65°	<input type="checkbox"/> 45°			
		5 th Ray Cut Out		<input type="checkbox"/> 65°	<input type="checkbox"/> 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)		
		Scaphoid Pad		6	4.5	3	1.5	(mm)	
	Midfoot	Cuboid Offload		6	4.5	3	1.5	(mm)	
		Heel Cushion		6	4.5	3	1.5	(mm)	
	Rearfoot	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)		