

1 CLINICIAN REQUIRED

Account Location

PO Number

Clinician

Clinician Email

Traditional 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

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 AFO REQUIRED

T100 Leaf Spring

- 4mm Polypropylene frame
- Rearfoot intrinsic post
- No joints
- No top cover
- Tibial strap & pad
- Fibula height
- Reduced posterior trimlines
- Device to mets

L Codes: L1960, L2275

T200 Tamarack Free Motion

- Plantar stop
- Free motion tamarack joints
- 4mm Polypropylene frame
- Rearfoot intrinsic post
- No top cover
- Tibial strap & pad
- Fibula height
- Device to mets
- Low, medial and lateral flanges

L Codes: L1970, L2275

T150 Solid Ankle

- Valgus T-Strap (reduces varus rearfoot)
- Varus T-Strap (reduces valgus rearfoot)
- Additional L Code: L2270

- Extended anterior trimlines
- 4mm Polypropylene frame
- Rearfoot intrinsic post
- No joints
- No top cover
- Tibial strap & pad
- Fibula height
- Device to mets

L Codes: L1960, L2275

T300 Tamarack Dorsi-Assist

- Foot Frame to mets standard
- Foot frame to sulcus
- Foot frame to toes

- Plantar stop
- Tamarack dorsi-assist joints
- 4mm Polypropylene frame
- Rearfoot intrinsic post
- No top cover
- Tibial strap & pad
- Fibula height

L Codes: L1970, L2275, L2210, L2210

5 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 OPTIONAL

Height:

Fibula Head

Proximal Trim

Circumference:

Forefoot

Circumference:

Proximal Trim

Above Ankle

Ankle

Mid-Foot

B CUSHIONS & PADDINGS OPTIONAL

Full Plastazote Liner 3mm 4.5mm 6mm



Special Instructions: