

# 1 CLINICIAN REQUIRED

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

PO Number .....

Clinician .....

Clinician Email .....

# Walker AFO Portfolio 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 of foot

# 4 WALKER AFO REQUIRED



## C100 CROW

- Custom to impression
- 6mm poly frame
- Airplast liner
- 12mm plastazote & Myolight (poron) removable insole
- 3 velcro closures

### OPTIONS

- Plastazote liner
- Holes for ventilation

FRAME  5mm

Codes: L4631



## C200 Tundra Boot

- Custom to impression
- Fibula height
- 6mm poly frame
- Leather liner
- Lace/velcro closure

### OPTIONS

- Plastazote liner
- All Velcro closure
- Lace/speed hook

FRAME  5mm  4mm  3mm

Codes: L1960, L2230, L2820, L2232, L2280, L3400

### HEIGHT

- Fibula height
- Patella height (PTB)
- Mid-leg height



## C250 Tundra Sandal

- Custom to impression
- 6mm poly frame
- Leather liner
- Velcro closures
- Device to toes

### OPTIONS

- Plastazote liner
- Lace/speed hook

FRAME  5mm  4mm  3mm

Codes: L1940, L2230, L2820, L2232, L2280, L3400

### HEIGHT

- Mid-leg height
- Patella height (PTB)
- Fibula height

# 5 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 OPTIONAL

## Height:

Fibula Head

Proximal Trim

## Circumference:

Forefoot

## Circumference:

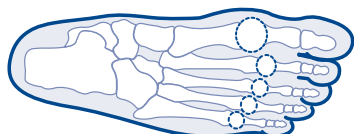
Proximal Trim

Above Ankle

Ankle

Mid-Foot

# B ROCKER OPTIONS OPTIONAL



Special Instructions/Diagnosis: .....

Toe Filler: .....

Ulcer issues  YES  NO If yes, please explain: .....