

# 1 CLINICIAN REQUIRED

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

PO Number .....

Clinician .....

Clinician Email .....

# A200 Tamarack Free Motion AFO Rx

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

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

Contact me to review Rx



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 .....

# B PRONATION CORRECTIONS OPTIONAL

	<b>Varus Forefoot Posts</b>	Balance FF to RF	8° <input type="checkbox"/> 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/> 90° <input type="checkbox"/>	
		VR Extrinsic (Bar)	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>	
		VR Met Wedge	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/>	
	<b>Midfoot</b>	Raise Med Arch	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Scaphoid Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		VR Cuboid Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	<b>Varus Rearfoot Posts</b>	Medial Flange	High <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input type="checkbox"/>	
		VR Intrinsic	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input checked="" type="checkbox"/>	
		VR Extrinsic	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>	
		Heel Skive	6 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> (mm)	

# C SUPINATION CORRECTIONS OPTIONAL

	<b>Valgus Forefoot Posts</b>	Balance FF to RF	8° <input type="checkbox"/> 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/> 90° <input type="checkbox"/>	
		VG Extrinsic (Bar)	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>	
		VG Met Wedge	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/>	
	<b>Midfoot</b>	Lower Med Arch	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Lateral Flange	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	
		VG Frame Filler	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>	
	<b>Valgus Rearfoot Posts</b>	VG Cuboid Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		VG Intrinsic	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>	
		VG Extrinsic	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>	

# D EXTENSIONS OPTIONAL

	<b>Toe Length</b>	Toe Extension	Myolite 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Morton's Ext.	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Rev. Morton's	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Dynamic Wedge	3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	<b>Sulcus Length</b>	Sulcus Extension	Myolite 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Morton's Ext.	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Rev. Morton's	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Foot Cookie Ext.	Myolite 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
<b>Partial Foot Toe Filler</b>	Toe Filler <input checked="" type="checkbox"/>	5 <sup>th</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/>		

# E OFFLOADING PADS & CUSHIONS OPTIONAL

	<b>Forefoot</b>	Met Balance <input checked="" type="checkbox"/>	5 <sup>th</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/>	
		Met Punch <input checked="" type="checkbox"/>	5 <sup>th</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/>	
		Met Pad 2-4	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Met Bar 1-5	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Dancer's Pad	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	<b>Midfoot</b>	Cuboid Offload	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		<b>Rearfoot</b>	Heel Cushion	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)
		Heel Spur Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	<b>Device Length Cushion</b>	Myolite Layer	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Plastazote Layer	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	

# F FRAME MODIFICATIONS OPTIONAL

	<b>Forefoot</b>	1 <sup>st</sup> Ray Cut Out	Full <input type="checkbox"/> 65° <input type="checkbox"/> 45° <input type="checkbox"/>	
		5 <sup>th</sup> Ray Cut Out	65° <input type="checkbox"/> 45° <input type="checkbox"/>	
	<b>Midfoot</b>	Navicular B. Out	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		5 <sup>th</sup> Button Out	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
	<b>Rearfoot</b>	Heel Lift	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)	
		Heel Lift Tapered	26 <input type="checkbox"/> 22 <input type="checkbox"/> 18 <input type="checkbox"/> 14 <input type="checkbox"/> 10 <input type="checkbox"/> (mm)	
		Heel Cup Depth	30 <input type="checkbox"/> 24 <input type="checkbox"/> 18 <input type="checkbox"/> 12 <input type="checkbox"/> 6 <input type="checkbox"/> (mm)	

Special Instructions: .....



## A200 Tamarack Free Motion AFO

- 4mm Polypropylene frame
- Rearfoot intrinsic post
- Tamarack joints
- 3mm 30 shore a eva top cover
- 2 anterior/1 posterior straps
- Media & lateral upper lining
- Mid fibula height
- 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

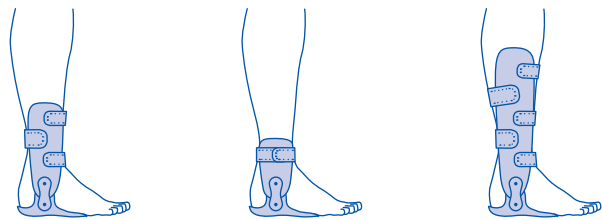
# 4 MODEL HEIGHT & COVER LENGTH REQUIRED

## Height:

A109 - Standard (mid fibula)

A105 - Short (above malleoli)

A112 - Tall (to fibula head)



## Length of 3mm EVA Cover:

To Mets

To Sulcus

To Toes

# A MEASUREMENTS OPTIONAL

Height:

Fibula Head

Proximal Trim

Circumference:

Forefoot

Circumference:

Proximal Trim

Above Ankle

Ankle

Mid-Foot