

# CLINICIAN

**1** REQUIRED

Account ..... Location .....  
 PO Number .....  
 Clinician .....  
 Clinician Email .....

# Advanced Foot Orthotic Rx

1 OF 2

Date: ..... / ..... / .....  
MM DD YYYY  
 Rush order due date:  
 ..... / ..... / .....  
MM DD YYYY  
 Contact me to review Rx



**KEVIN**  
 ORTHOPEDIC  
 Call us: 1-877-767-3338  
 Fax: 1-866-919-9268  
 www.kevinorthopedic.com  
 hello@kevinorthopedic.com

# PATIENT

**2** REQUIRED

Patient's Email .....  
 First Name .....  
 Last Name .....  
 DOB ..... / ..... / ..... Sex:  M  F Weight ..... Height ..... Shoe Size .....




Ship to Patient   
 Street Address .....  
 City ..... State ..... Zip .....

# FOOT IMPRESSION METHOD

**3** REQUIRED




Plaster Slipper Cast   
 Foam Impression   
  STS Slipper Socks   
 Store model for 3 months  Digitize model  Return model

3D Foot Scanner   
 Pedobarography   
 Existing Positive Model 

Redimold:  
 Normal   
 Planus   
 Cavus 

# OPTIMIZATION

Bilateral (Asymmetrical)  
 Mirror Right  
 Mirror Left  
 Right Only  
 Left Only

Fit Orthosis to submitted:  
 Tracing   
 Insoles   
 Shoes 

# FOOT ORTHOTIC (UCB TYPE)

**4** REQUIRED

# SELECT ONE PER ORDER FORM

**Active**

A1 Pro Sport     A6 Cork & Leather     A11 Cushion Plus  
 A2 Carbon Sport     A7 Pro EVA     A12 Unit  
 A3 Classic Sport     A8 DAS  
 A4 Subo-Flex     A9 Coleman  
 A5 Supporter     A10 Easy Flex

**Pathology**

P1 Achilles Tendinitis     P6 Heel Spur     P12 Pes Cavus  
 P2 Adult Acquired Flatfoot     P7 Intoeing Gait     P13 Plantar Fasciitis  
 P3 Lateral Ankle Instability     P8 Metatarsalgia     P14 Sesamoiditis  
 P4 Hallux Limitus     P9 Neuroma  
 P5 Hallux Rigidus     P10 Pediatric Flatfoot     P11 Pes Cavus

**Fashion Fit**

L1 Fashion     L4 Subo-Flex LP     L7 Cobra  
 L2 Princess     L5 Supporter LP     L8 DAS LP  
 L3 Ultra Slim     L6 Perseus     L9 Coleman LP

**Therapeutic**

T1 Care Soft     T4 UCBL  
 T2 Care Firm     T5 Modified UCBL  
 T3 Premium Diabetic     T6 Pediatric UCBL  
 T9 EVA UCBL

**Sport Specific**




S1 Ski     S8 Jogging     S17 Mountain Biking  
 S2 Ski Pro     S9 Marathoner     S18 Trail Running  
 S3 Snowboard     S10 Volleyball     S19 Figure Skating  
 S4 Basketball     S11 Tennis     S20 Ice/Roller Hockey  
 S4.5 Equipe Basketball     S12 Water     S21 Hunting & Fishing  
 S5 Football     S13 Skateboard     S22 Hiker  
 S5.5 Lineman     S14 Track & Field     S23 Ultralite Runner  
 S6 Baseball     S15 Golf  
 S7 Soccer     S16 Road Cycling

**Military**

M1 Field     M2 Garrison     M3 Leisure

# MATERIALS

**A** OPTIONAL

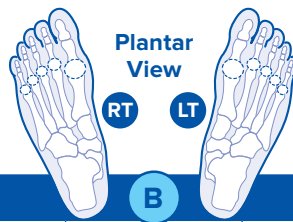
TOP COVER	Length of Cover:			FRAME	Flexible	Semi Flexible	Semi Rigid	Rigid	Very Rigid	Most Rigid
	 To Mets	 To Sulcus	 To Toes							
Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm)	Spenco <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm)	Protex <input type="checkbox"/> 0.75 (mm)		PolyPro mm	N/A	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>				
Glove Leather <input type="checkbox"/> 1 (mm)	Suede <input type="checkbox"/> 0.6 (mm)	Plastazote <input type="checkbox"/> 0.75 (mm)		Subo mm	N/A	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A				
<input type="checkbox"/> Glue only heel of top cover for placing forefoot pads in clinic				Carbon mm	N/A	1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3 <input type="checkbox"/> 3 TL <input type="checkbox"/>				
BOTTOM COVER	Suede <input type="checkbox"/> 0.6 (mm)	Suede Bottom Wrap <input type="checkbox"/> 0.6 (mm)		TPE mm	3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A	N/A	N/A	N/A	N/A	N/A
	Protex <input type="checkbox"/> 0.75 (mm)	Myolite <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm)		EVA Shore A	15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 65 <input type="checkbox"/>					

Special Instructions/Special Device: .....

**PATIENT**

First Name .....

Last Name .....



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



**PRONATION CORRECTIONS - RIGHT**

**LEFT - PRONATION CORRECTIONS**

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

**SUPINATION CORRECTIONS - RIGHT**

**LEFT - SUPINATION CORRECTIONS**

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

**EXTENSIONS - RIGHT**

**LEFT - EXTENSIONS**

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

**OFFLOADING PADS & CUSHIONS - RIGHT**

**LEFT - OFFLOADING PADS AND CUSHIONS**

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

**FRAME MODIFICATIONS - RIGHT**

**LEFT - FRAME MODIFICATIONS**

	<b>Forefoot</b>	1 <sup>st</sup> Ray Cut Out 5 <sup>th</sup> Ray Cut Out	Full 65° 45° 65° 45°			45° 65° Full 45° 65°	1 <sup>st</sup> Ray Cut Out 5 <sup>th</sup> Ray Cut Out	<b>Forefoot</b>	
	<b>Midfoot</b>	Navicular B. Out 5 <sup>th</sup> Button Out	6 4.5 3 1.5 (mm) 6 4.5 3 1.5 (mm)			(mm) 1.5 3 4.5 6 (mm) 1.5 3 4.5 6	Navicular B. Out 5 <sup>th</sup> Button Out	<b>Midfoot</b>	
	<b>Rearfoot</b>	Heel Aperture Heel Lift Heel Lift Tapered	With Visco Plug No Plug 6 4.5 3 1.5 (mm) 26 22 18 14 10 (mm)			No Plug With Visco Plug (mm) 1.5 3 4.5 6 (mm) 10 14 18 22 26	Heel Aperture Heel Lift Heel Lift Tapered	<b>Rearfoot</b>	
<b>Frame Attributes</b>	Frame Filler Filler Skive Heel Cup Depth Width of Frame Device Undercut	Rigid Semiflexible Myolite Max Med. Min. None 30 24 18 12 6 (mm) Wide Standard Narrow 30° 20° 15° 10° 0°			Myolite Semiflexible Rigid None Min. Med. Max (mm) 6 12 18 24 30 Narrow Standard Wide 0° 10° 15° 20° 30°	Frame Filler Filler Skive Heel Cup Depth Width of Frame Device Undercut	<b>Frame Attributes</b>		
<b>Detached Carbon Foot Plate to Toes</b>			Rigid Semi-rigid			Semi-rigid Rigid	<b>Detached Carbon Foot Plate to Toes</b>		

Special Instructions/Special Device: .....