

1 CLINICIAN REQUIRED

Clinician's Name

PO Number

Email

Phone Fax

Active AFO Rx



Date: / /
MM DD YYYY

Rush order due date:

..... / /
MM DD YYYY

Contact me to review Rx

Active Brace



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	IMPRESSION	FITTING
<p>Use separate Rx for each side</p> <p><input type="checkbox"/> Right</p> <p><input type="checkbox"/> Left</p>	<p><input type="checkbox"/> Plaster</p> <p><input type="checkbox"/> STS Casting Socks</p> <p><input type="checkbox"/> 3D Foot Scanner</p> <p><input type="checkbox"/> Fiberglass Casting Tape</p>	<p>Shoe size: <input type="text"/></p> <p>Fit AFO to submitted:</p> <p><input type="checkbox"/> Tracing</p> <p><input type="checkbox"/> Shoes</p>

4 AFO REQUIRED

A200 Tamarack Free Motion AFO



- Split uprights standard**
- Posterior bar for more control
- 4mm Polypropylene frame custom congruent to patient model
 - Rearfoot intrinsic post
 - Tamarack joints
 - 3mm 30 shore A EVA top cover
 - 2 anterior/1 posterior straps
 - Medial & lateral upper lining
 - Mid fibula height
 - Device to mets

L Codes: L1970, L2275, L2820

A200L Tamarack Free Motion AFO



- 4mm Polypropylene frame custom congruent to patient model
- Rearfoot intrinsic post
- Tamarack joints
- 3mm 30 shore A EVA foot plate t/c
- Velcro closures
- Leather lining calf section
- Mid fibula height
- Device to mets

L Codes: L1970, L2275, L2330, L282

A250 Overlap Free Motion AFO



- Overlap free motion rivet joints
- 4mm Polypropylene frame
- Foot frame custom congruent
- Upright struts prefabricated, custom fit
- Rearfoot intrinsic post
- 3mm 30 Shore A EVA top cover
- 2 anterior/1 posterior straps
- Medial & lateral upper lining
- Mid fibula height
- Device to mets

L Codes: L1970, L2275, L2820

A300 Tamarack Dorsi-Assist AFO



- Foot Frame to mets standard**
- Foot frame to sulcus
- Posterior bar for more control
- 4mm Polypropylene frame
 - Rearfoot intrinsic post
 - Tamarack dorsi-assist joints
 - 3mm 30 shore A EVA top cover
 - Upper lining
 - Mid fibula height
 - Device to mets

L Codes: L1970, L2275, L2820, 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



Special Instructions: