

1 REQUIRED

CLINICIAN

Account Location

PO Number

Clinician

Clinician Email

KevinRoot MEDICAL

Tel: 1-877-767-3338
 Fax: 1-866-919-9268
 www.kevinrootmedical.com
 hello@kevinrootmedical.com

KEVIN ORTHOPEDIC

Kevin Orthotics Order Form

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

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

Contact me to review OF

2 REQUIRED

PATIENT

Patient's Email

First Name

Last Name

DOB/...../..... Sex: M F Weight Height Shoe Size

MM DD YYYY

Ship to Patient

Street Address

City State Zip

3 REQUIRED

FOOT IMPRESSION METHOD

Plaster Slipper Cast 3D Foot Scanner

Foam Impression Pedobarography

STS Slipper Socks Existing Positive Model

Store model for 3 months Digitize model Return model

Redimold:

Normal Planus Cavus

OPTIMIZATION

Bilateral (Asymmetrical)
 Mirror Right
 Mirror Left

Right Only Left Only

Fit Orthosis to submitted:

Tracing Insoles Shoes

4 REQUIRED

FOOT ORTHOTIC (UCB TYPE)

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 Planus

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

Dress

L1 Fashion L4 Subo-Flex LP L7 Cobra

L2 Princess L5 Supporter LP L8 DAS LP

L3 Ultra Slim L6 Perseus L9 Coleman LP

SELECT ONE PER ORDER FORM

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

A OPTIONAL

MATERIALS

Length of Cover: To Mets To Sulcus To Toes

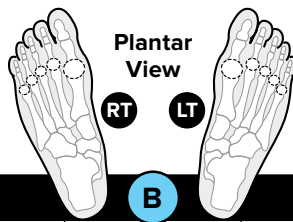
TOP COVER	Length of Cover	FRAME	Flexible	Semi Flexible	Semi Rigid	Rigid	Very Rigid	Most Rigid
<input type="checkbox"/> Glue only heel of top cover for placing forefoot pads in clinic	Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm) Spenco <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm) Protex <input type="checkbox"/> 0.75 (mm)	PolyPro mm	N/A	2 <input type="checkbox"/> 3 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>	5 <input type="checkbox"/> 6 <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"/> 3 (mm)	Subo mm	N/A	2 <input type="checkbox"/> 3 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>	5 <input type="checkbox"/> 6 <input type="checkbox"/>	N/A
		Carbon mm	N/A	1.5 <input type="checkbox"/> 2 <input type="checkbox"/>	2 <input type="checkbox"/> 2.5 <input type="checkbox"/>	3 <input type="checkbox"/> 3 TL <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
	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"/>	N/A	N/A

Special Instructions/Special Device:

PATIENT

First Name

Last Name



Advanced Foot Orthotic Order Form

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

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PRONATION CORRECTIONS - RIGHT

LEFT - PRONATION CORRECTIONS

	Varus Forefoot Posts	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	Varus Forefoot Posts	
	Midfoot	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	Midfoot	
	Varus Rearfoot Posts	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	Varus Rearfoot Posts	

SUPINATION CORRECTIONS - RIGHT

LEFT - SUPINATION CORRECTIONS

	Valgus Forefoot Posts	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	Valgus Forefoot Posts	
	Midfoot	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	Midfoot	
	Valgus Rearfoot Posts	VG Intrinsic VG Extrinsic	6° 4° 2° 0° 6° 4° 2° 0°			0° 2° 4° 6° 0° 2° 4° 6°	VG Intrinsic VG Extrinsic	Valgus Rearfoot Posts	

EXTENSIONS - RIGHT

LEFT - EXTENSIONS

	Toe Length	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	Toe Length	
	Sulcus Length	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.	Sulcus Length	
Partial Foot Toe Filler	Toe Filler <input checked="" type="checkbox"/>	5 th 4 th 3 rd 2 nd 1 st			1 st 2 nd 3 rd 4 th 5 th	Toe Filler <input checked="" type="checkbox"/>	Partial Foot Toe Filler		

OFFLOADING PADS & CUSHIONS - RIGHT

LEFT - OFFLOADING PADS AND CUSHIONS

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

FRAME MODIFICATIONS - RIGHT

LEFT - FRAME MODIFICATIONS

	Forefoot	1 st Ray Cut Out 5 th Ray Cut Out	Full 65° 45° 65° 45°			45° 65° Full 45° 65°	1 st Ray Cut Out 5 th Ray Cut Out	Forefoot	
	Midfoot	Navicular B. Out 5 th 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 th Button Out	Midfoot	
	Rearfoot	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	Rearfoot	
Frame Attributes	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	Frame Attributes		
Detached Carbon Foot Plate to Toes		Rigid Semi-rigid			Semi-rigid Rigid		Detached Carbon Foot Plate to Toes		

Special Instructions/Special Device: