

1 CLINICIAN

Account Location
 PO Number
 Clinician
 Clinician Email



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 hello@kevinrootmedical.com



Orthotic Refurbishment/Repair
[ORDER FORM PAGE 1 OF 2](#)

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

Contact me to review Order Form

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

2 PATIENT

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

Ship to Patient
 Street Address
 City State Zip

3 REFURBISHMENT

- Covering Refurbishment**
(Replace all coverings and pads & cushions)
- Complete Refurbishment**
(Replace all coverings, pads & cushions, frame fillers and extrinsic posts)

- Bilateral**
(Asymmetrical)
- Right Only**
- Left Only**

OPTIMIZATION

- Fit Orthosis to submitted:
- Tracing
 - Insoles
 - Shoes

INCLOSED WITH ORDER

- Plaster Slipper Cast
 - Foam Impression
 - STS Slipper Socks
 - 3D Foot Scan
(Digital Submission)
 - Pedobarography
 - Existing Positive Model
- Store model for 3 months Digitize model Return model

4 ORDER INSTRUCTIONS

COMMON MODIFICATIONS

- Reduce Bulk
- Narrow Devices
- Lower Arch
- Raise Arch

FOR FURTHER MODIFICATIONS PLEASE SELECT SPECIFICS ON PAGE 2 OF 2

A MATERIALS

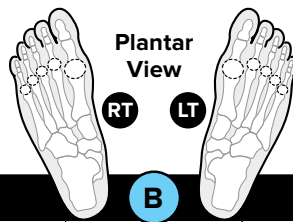
TOP COVER	Length of Cover: <input type="checkbox"/> To Mets <input type="checkbox"/> To Sulcus <input type="checkbox"/> To Toes
	Prolite <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm) Spenco <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm) Protex <input type="checkbox"/> 0.75 (mm) Glove Leather <input type="checkbox"/> 1 (mm) Suede <input type="checkbox"/> 0.6 (mm) Plastazote <input type="checkbox"/> 3 (mm) <input type="checkbox"/> Glue only heel of top cover for placing forefoot pads in clinic
BOTTOM COVER	Suede <input type="checkbox"/> 0.6 (mm) Suede Bottom Wrap <input type="checkbox"/> 0.6 (mm) Protex <input type="checkbox"/> 0.75 (mm) Myolite <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm)

Special Instructions/Special Device:

PATIENT

First Name

Last Name



Orthotic Refurbishment/Repair

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

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PRONATION CORRECTIONS - RIGHT

LEFT - PRONATION CORRECTIONS

	Varus Forefoot Posts	VR Extrinsic (Bar) VR Met Wedge	6° 4° 2° 0° 6° 4° 2°		0° 2° 4° 6° 2° 4° 6°	VR Extrinsic (Bar) VR Met Wedge	Varus Forefoot Posts	
	Midfoot	Raise Med Arch Scaphoid Pad VR Cuboid Pad	6 4.5 3 1.5 (mm) 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 (mm) 1.5 3 4.5 6	Raise Med Arch Scaphoid Pad VR Cuboid Pad	Midfoot	
	Varus Rearfoot Posts	VR Intrinsic VR Extrinsic	6° 4° 2° 0° 6° 4° 2° 0°		0° 2° 4° 6° 0° 2° 4° 6°	VR Intrinsic VR Extrinsic	Varus Rearfoot Posts	

SUPINATION CORRECTIONS - RIGHT

LEFT - SUPINATION CORRECTIONS

	Valgus Forefoot Posts	VG Extrinsic (Bar) VG Met Wedge	6° 4° 2° 0° 6° 4° 2°		0° 2° 4° 6° 2° 4° 6°	VG Extrinsic (Bar) VG Met Wedge	Valgus Forefoot Posts	
	Midfoot	Lower Med Arch VG Frame Filler VG Cuboid Pad	6 4.5 3 1.5 (mm) 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 (mm) 1.5 3 4.5 6	Lower Med Arch 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 (mm) 1.5 3 4.5 (mm) 1.5 3 4.5 (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 (mm) 1.5 3 4.5 (mm) 1.5 3 4.5 (mm) 1.5 3 4.5	Sulcus Extension Morton's Ext. Rev. Morton's Foot Cookie Ext.	Sulcus Length	
Partial Foot Toe Filler	Toe Filler	5 th 4 th 3 rd 2 nd 1 st		1 st 2 nd 3 rd 4 th 5 th	Toe Filler	Partial Foot Toe Filler		

OFFLOADING PADS & CUSHIONS - RIGHT

LEFT - OFFLOADING PADS AND CUSHIONS

	Forefoot	Met Balance Met Punch 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	Met Balance 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	Cushion	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 Cushion	

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: