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Order Form

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

Clinician

Account Name/Number
Location
PO Number
Clinician
Contact me before processing

Patient

First Name
Last Name
Gender: M F DOB MM...../DD...../YYYY.....
Height Weight Shoe size
Dx
Ship to Patient
Street Address
City
State Zip

T100 Leaf Spring



- 4mm Polypropylene frame
- Rearfoot intrinsic post
- No joints
- No top cover
- Tibial strap & pad
- Mid fibula height
- Reduced posterior trimlines
- Device to mets

Frame trim lines and options

Standard bisection



Heel cut out



*Cast/Scan height must be 1" higher than desired proximal trimline of the AFO

Medial flange height



Lateral flange height



Impression

- Plaster
- STS Casting Socks
- 3D Foot Scanner
- Fiberglass Casting Tape

Fitting

- Fit AFO to submitted:
- Tracing
 - Shoes

Foot frame length



Side

Use separate Rx for each side
*G800 exempt BIL standard

- Right
- Left

Pads

- Met balance pad
- Met punch
- Metatarsal pad 2-4
- Met Bar 1-5
- Dancer's Pad
- Scaphoid Pad
- Cuboid Offload
- Heel pad
- Heel Spur Pad
- Foot Plate Liner
- Foot & Uprigh

METATARSAL HEAD
(select all that apply)

Impression preparation



Ankle As is Correct to 90°



Rearfoot As is Correct to 90°



Forefoot As is Balance FF to RF

Forefoot extensions

- Sulcus extension
- Sulcus Extension
 - Morton's Ext.
 - Rev. Morton's Ext.

Myolite (mm)

Myolite (mm)

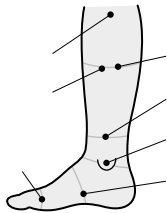
- Toe extension
- Morton's Ext.
 - Rev. Morton's Ext.
 - Toe Extension
 - Toe Filler

Myolite (mm)

Myolite (mm)

Measurements (optional)

- Height:**
- Fibula Head
 - Proximal Trim
- Circumference:**
- Forefoot



- Circumference:**
- Proximal Trim
 - Above Ankle
 - Ankle
 - Mid-Foot

Special instructions

Frame modifications

- 1st Ray Cut Out
- 5th Ray Cut Out
- Navicular B. Out
- 5th Button Out
- Heel Lift
- Heel Lift Tapered

(mm)

(mm)

(mm)

(mm)

(mm)

(mm)

(mm)

(mm)