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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

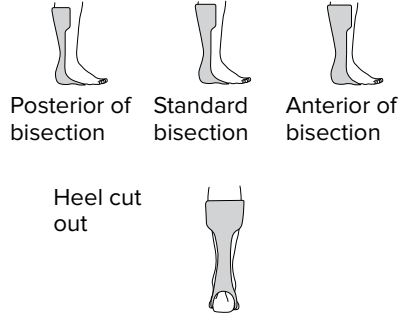
State Zip

T150 Solid Ankle



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

Frame trim lines and options



*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



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 (mm) (mm)
- 5th Button Out (mm) (mm)
- Heel Lift (mm) (mm)
- Heel Lift Tapered (mm) (mm)