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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

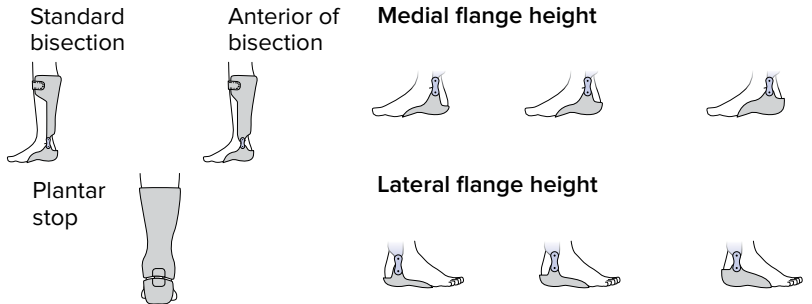
T300 Tamarack Dorsi-Assist



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

Frame trim lines and options

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



Foot frame length



Impression

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

Fitting

- Fit AFO to submitted:
- Tracing
 - Shoes

Side

Use separate Rx for each side
*G800 exempt BIL standard



Impression preparation



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)

Forefoot extensions

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

Myolite (mm)

Myolite (mm)

Toe extension

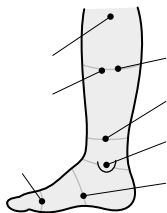
- Morton's Ext.
- Rev. Morton's Ext.
- Toe Extension
- Toe Filler

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)