

www.kevinrootmedical.com  
hello@kevinrootmedical.com  
Tel: 1 800 496 0987  
Fax: 1 866 919 9268

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

**Clinician**

Account Name/Number .....

Location .....

PO Number .....

Clinician .....

Contact me before processing

**Side**

Use separate Rx for each side  
\*G800 exempt BIL standard



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

**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 .....

**Impression**

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

**Fitting**

- Fit AFO to submitted:
- Tracing
  - Shoes

**AFO**

**\*T100 Leaf Spring**



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

L Codes: L1960, L2275

**\*T200 Tamarack Free Motion**



- Plantar stop
- Free motion tamarack joints
  - 4mm Polypropylene frame
  - Rearfoot intrinsic post
  - No top cover
  - Tibial strap & pad
  - Fibula height
  - Device to mets
  - Low, medial and lateral flanges

L Codes: L1970, L2275

**\*T150 Solid Ankle**



Valgus T-Strap (reduces varus rearfoot)  
Varus T-Strap (reduces valgus rearfoot)  
Additional L Code: L2270

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

L Codes: LL1960, L2275

**\*T300 Tamarack Dorsi-Assist**



- Plantar stop
- Foot Frame to mets standard**
- Foot Frame to sulcus
- Foot frame to toes
- Tamarack dorsi-assist joints
  - 4mm Polypropylene frame
  - Rearfoot intrinsic post
  - No top cover
  - Tibial strap & pad
  - Fibula height

L Codes: L1970, L2275, L2210, L2210

**Impression preparation**

**Ankle** As is Correct to 90°

**Rearfoot** As is Correct to 90°

**Forefoot** As is Balance FF to RF

**Measurements (optional)**

**Height:**

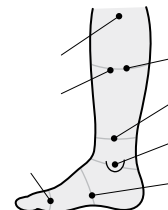
- Fibula Head
- Proximal Trim

**Circumference:**

- Forefoot

**Circumference:**

- Proximal Trim
- Above Ankle
- Ankle
- Mid-Foot



\*for more options use device specific Rx available to download at [www.kevinrootmedical.com](http://www.kevinrootmedical.com)



**Special Instructions:**