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

**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 .....

**Clinician**

Account Name/Number .....

Location .....

PO Number .....

Clinician .....

Contact me before processing

**Side**

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



**Impression**

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

**Fitting**

Fit AFO to submitted:  
 Tracing of Foot

**AFO**



**C100 CROW**

- Custom to impression
- 6mm poly frame
- Airplast liner
- 12mm plastazote & Myolight (poron) removable insole
- 3 velcro closures

L Codes: L4631

**Options**

- Plastazote liner
- Holes for ventilation
- Frame 5mm

**C200 Tundra Boot**



- Custom to impression
- Fibula height
- 6mm poly frame
- Leather liner
- Lace/velcro closure

L Codes: L1960, L2230, L2820, L2232, L2280, L3400

**Options**

- Plastazote liner
- All Velcro closure
- Lace/speed hook

**Frame (mm)**

**Height**

- Fibula height
- Patella height (PTB)
- Mid-leg height

**C250 Tundra Sandal**



- Custom to impression
- 6mm poly frame
- Leather liner
- Velcro closures
- Device to toes

L Codes: L1940, L2230, L2820, L2232, L2280, L3400

**Options**

- Plastazote liner
- Lace/speed hook

**Frame (mm)**

**Height**

- Mid-leg height
- Patella height (PTB)
- Fibula height

**Impression preparation**

**Ankle** As is      Correct to  $90^\circ$

**Rearfoot** As is      Correct to  $90^\circ$

**Forefoot** As is      Balance FF to RF

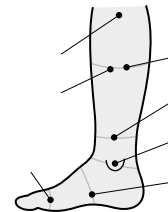
**Measurements (optional)**

**Height:**

- Fibula Head
- Proximal Trim

**Circumference:**

Forefoot



**Circumference:**

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

**Rocker options**

MID ROCKER	DOUBLE ROCKER	SEVERE ROCKER	FOREFOOT ROCKER	WEDGE	BUTTRESS <input type="checkbox"/> Medial <input type="checkbox"/> Lateral
HEEL TO TOE	BEVELLED HEEL	NEGATIVE HEEL ROCKER	LOP ROCKER	WIDE BASE	Solid Ankle Cushioned Heel (S.A.C.H.)

**LIFTS**

**HEEL TO TOE LIFT**  
Amount of Lift.....

**HEEL LIFT**  
Amount of Lift.....



Special Instructions/Diagnosis: .....

Toe Filler: .....

Ulcer issues  YES  NO If yes, please explain: .....

\*for more options use device specific Rx available to download at www.kevinrootmedical.com