

1 REQUIRED

CLINICIAN

Account Location

PO Number

Clinician

Clinician Email

KevinRoot
MEDICAL

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Fax: 1-866-919-9268
www.kevinrootmedical.com
hello@kevinrootmedical.com

XTERN

**XTERN Foot Drop
AFO Order form**

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

Contact me to review
Order Form

Rush order due date:
...../...../.....
MM DD YYYY

2 REQUIRED

PATIENT

Patient's Email

First Name

Last Name

DOB/...../.....
MM DD YYYY

Sex: M F Shoe Size

Weight Height

Ship to Patient

Street Address

City State Zip

3 REQUIRED

ORDER

Size: Pediatric Small Medium Large
*see chart

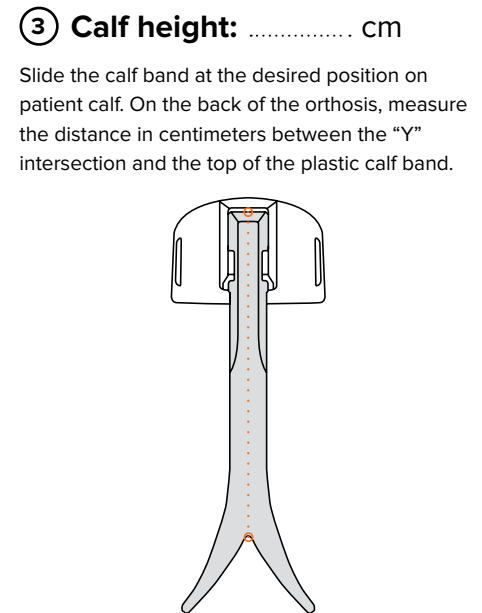
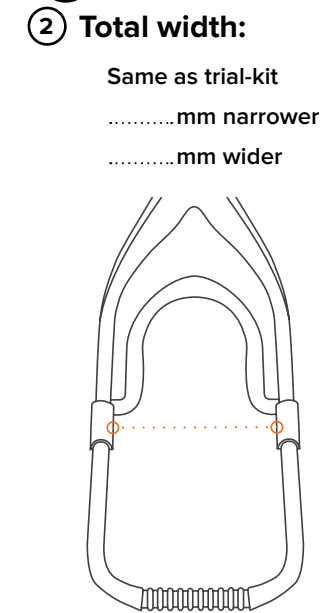
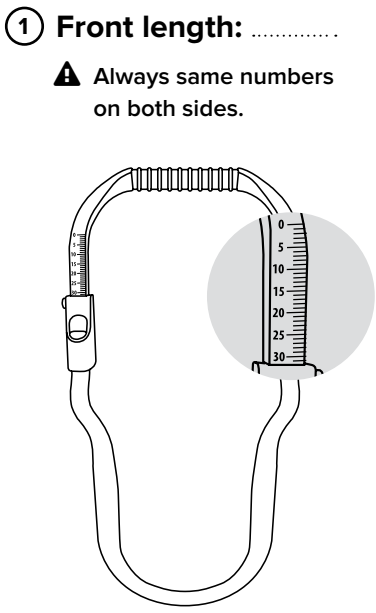
Side: Right Left Bilateral

4 OPTIONAL

ORDER

**XTERN AFO
REIMBURSEMENT:
L1951
OPTIONAL: L2820,
L2270 (Accessory: ANKLE
STABILISATION STRAP
REIMBURSEMENT)**

-Addition to lower extremity,
varus/valgus correction
(*t) strap, padded/lined or
malleolus pad

ACCESSORIES AND OPTIONS (EXTRA CHARGE FOR ALL ITEMS - SEE PRICE LIST)

Varus/Valgus Ankle Stabilisation Strap	Extra Lace Clips (1pc)	Extra Zip Ties (20pcs)	Extra Calf Strap / Padding Kit	Extension Stopper Kit	Tactical Belt
					

ANKLE STABILISATION STRAP REIMBURSEMENT: L2270 - Addition to lower extremity, varus/valgus correction (*t) strap, padded/lined or malleolus pad

Visit the **Kevin Orthopedic Institute YouTube Channel** for Patient Assessment guidelines ►
Use QR App and focus the camera on your phone on this code to take you directly to video tutorial.



Special Instructions

(including multiple
product orders):

Foot Drop AFO: XTERN SIZE CHART

AT-X TRIAL BRACE ASSESSMENT TOOL XTERN ADJUSTABLE TRIAL BRACE (AFO)



	Men Shoe Size	Women Shoe Size	XTERN AFO & AT-X Size Selection		AT-X FRONT LENGTH ADJUSTEMENT		
					AT -X LARGE MEDIUM	AT-X SMALL	AT-X PEDI
US-M	US-W	SIZE					
16			LARGE		61		
15.5			LARGE		57		
15			LARGE		53		
14.5			LARGE		50		
14			LARGE		46		
13.5			LARGE		42		
13			LARGE		38		
12.5			LARGE		34		
12			LARGE		31		
11.5			LARGE		28		
11			LARGE		25		
10.5	11.5		MEDIUM		22		
10	11		MEDIUM		19		
9.5	10.5		MEDIUM		16	52	
9	10		MEDIUM		13	49	
8.5	9.5		MEDIUM		11	46	
8 Y	8	9	MEDIUM	SMALL	7	43	
7.5 Y	7.5	8.5	MEDIUM	SMALL	3	40	
7 Y	7	8	SMALL		0	37	
6.5 Y	6.5	7.5	SMALL			34	
6 Y	6	7	SMALL			30	
5.5 Y	5.5	6.5	SMALL			26	
5 Y	5	6	SMALL			22	
4.5 Y	4.5	5.5	SMALL			18	36
4 Y	4	5	SMALL			13	32
3.5 Y	3.5	4.5	SMALL	PEDI		9	29
3 Y	3	4	SMALL	PEDI		5	24
2.5 Y	2.5	3.5	PEDI			1	21
2 Y			PEDI				18
1.5 Y			PEDI				16
1 Y			PEDI				13
13 C			PEDI				9
12.5 C			PEDI				4
12 C			PEDI				1
11 C			PEDI				-3
10.5 C			PEDI				---
10 C			PEDI				---

Y: YOUTH SHOE SIZE (6-10 YEARS)
C: CHILDREN SHOE SIZE (1-5 YEARS)

● CHOOSE SIZE FROM
PATIENT FOOT WIDTH ●