

XTERN Paediatric Classic Order Form



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Patient Information

Patient Initials _____

Clinic _____

Clinician _____

Left leg Right leg Bilateral

Trade/Orthotist/Practitioner Information

(Person who took the measurements)

Clinic/Customer Name _____

Customer PO/Order No. _____

Telephone No. _____

Email Address _____

Was a Trial Kit (FS3000) Used?

Yes No Paediatric

Assembled XTERN Required

Paediatric

Non-assembled XTERN Required

Paediatric

Assembled and Non-assembled braces are the same price.

Measurements

Shoe Size _____

Paediatric

Approx Height _____

Approx weight in Kg _____

A Forefoot Total Width:

Change width of forefoot section

_____ mm narrower

_____ mm wider

B Heel Total Width:

Change width of heel section

_____ mm narrower

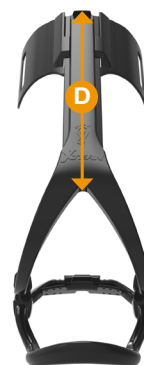
_____ mm wider

C Front Length:

Caution - the XTERN is set up to the same measures on both sides.

_____ mm

D Calf Height: Slide the calf band at the desired position on patient calf. On the back of the orthosis, measure the distance between the 'Y' intersection and the top of the plastic calf band. _____ mm

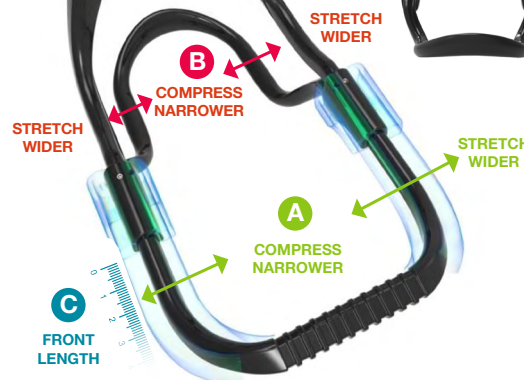


If the form is not completed correctly it could lead to a possible delay in processing the device for shipment.

XTERN Accessories and Options

(Extra charge for all items, see price list for details.)

Item	Size	Part No.	Quantity
<input type="checkbox"/> Lace Clip Attachment	Paediatric	200000-L00-P	
<input type="checkbox"/> Extra Cable Ties	Pack of 1000	700000-ZZZ-002	
<input type="checkbox"/> Extra Cable Ties	Pack of 20	700000-ZZZ-001	
<input type="checkbox"/> Calf Pad and Strap Kit	Paediatric	500301-K00-P	
<input type="checkbox"/> Ankle Stabilisation Strap	Universal	500100-AST-SML	
<input type="checkbox"/> Heel Bumper Kits (8 per kit)	S/M/L	500250-HBP-SML	



For technical support please email david.bownes@blatchford.co.uk

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