

XTERN 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
☐ Small
☐ Medium/Large

☐ Assembled XTERN Required

☐ Paediatric ☐ Medium
☐ Small ☐ Large

☐ Non-assembled XTERN Required

☐ Paediatric ☐ Medium
☐ Small ☐ Large

Assembled and Non-assembled braces are the same price.

Measurements

Shoe Size _____

☐ Male ☐ Female ☐ Child

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

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

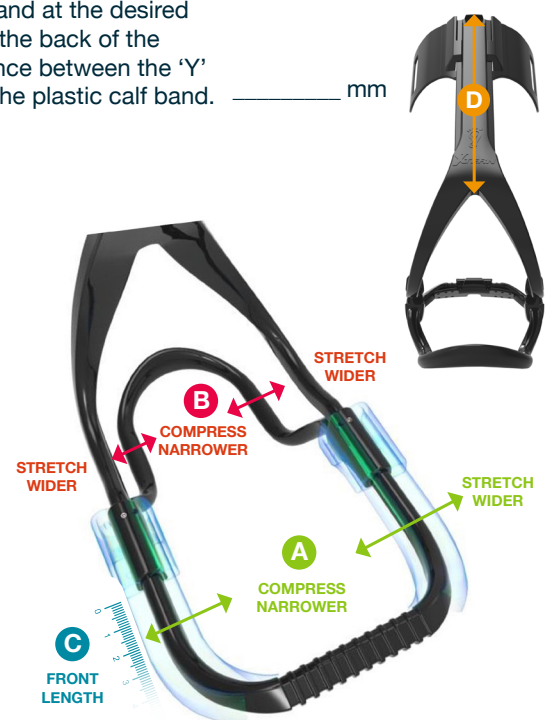
D

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

XTERN Accessories and Options

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

Item	Size	Part No.	Quantity
☐ Extension Stopper Kit	N/A	500201-EXT-SML	
☐ Lace Clip Attachment	Paediatric	200000-L00-P	
☐ Lace Clip Attachment	Small	200000-L00-S	
☐ Lace Clip Attachment	M/L	200000-L00-ML	
☐ Extra Cable Ties	Pack of 1000	700000-ZZZ-002	
☐ Extra Cable Ties	Pack of 20	700000-ZZZ-001	
☐ Calf Pad and Strap Kit	Paediatric	500301-K00-P	
☐ Calf Pad and Strap Kit	Universal	500301-K00-SML	
☐ Ankle Stabilisation Strap	Universal	500100-AST-SML	
☐ Heel Bumper Kits (8 per kit)	S/M/L	500250-HBP-SML	



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