

XTERN Frontier 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 Small
 Medium
 Large

**Assembled
XTERN Frontier Required**
 Small Medium
 Large

**Non-assembled
XTERN Frontier Required**
 Small Medium
 Large

Assembled and Non-assembled braces are the same price.

Measurements

Shoe Size _____

Male Female

Approx Height _____

Approx weight in Kg _____

A

Forefoot Total Width:

Change width of
forefoot section
 _____ mm narrower
 _____ mm wider

B

Heel Total Width:

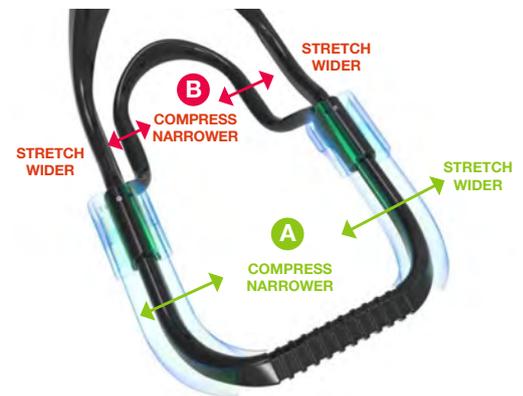
Change width of
heel section
 _____ mm narrower
 _____ mm wider

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

XTERN Frontier Accessories and Options

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

Item	Size	Part No.	Quantity
<input type="checkbox"/> Lace Clip Attachment	Small	200000-L00-S	
<input type="checkbox"/> Lace Clip Attachment	Med/Large	200000-L00-ML	
<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"/> Frontier Shin Pad/Mag Strap Kit	S/M/L	502400-K00-SML	
<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	
<input type="checkbox"/> Extension Stopper 40mm	S	500202-EXT-40	
<input type="checkbox"/> Extension Stopper 45mm	M/L	500202-EXT-45	



Additional Information

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

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