

XTERN Classic+ Order Form



Tel: +44 (0) 114 2637900 | Fax: +44 (0) 114 2637901 | orthoticscs@blatchford.co.uk

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 Required

☐ Small ☐ Medium ☐ Large

☐ Non-assembled
XTERN 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

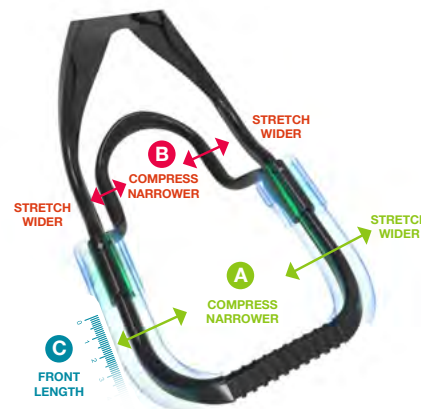
☐ _____ mm wider

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

XTERN Accessories and Options

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

Item	Size	Part No.	Quantity
☐ Extension Stopper 45mm	M/L	500202-EXT-45	
☐ Extension Stopper 40mm	S	500202-EXT-40	
☐ 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	
☐ Classic+ Strap/Pad Kit	M/L	501355-K00-ML	
☐ Classic+ Strap/Pad Kit	S	501355-K00-S	
☐ XTERN Magnet Buckle Strap	S/M/L	501433-MBS-SML	
☐ Ankle Stabilisation Strap	Universal	500100-AST-SML	
☐ Heel Bumper Kits (8 per kit)	S/M/L	500250-HBP-SML	



Additional Information

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

@blatchfordgrp | turbomedfootdrop.co.uk

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