XTERN Frontier 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 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

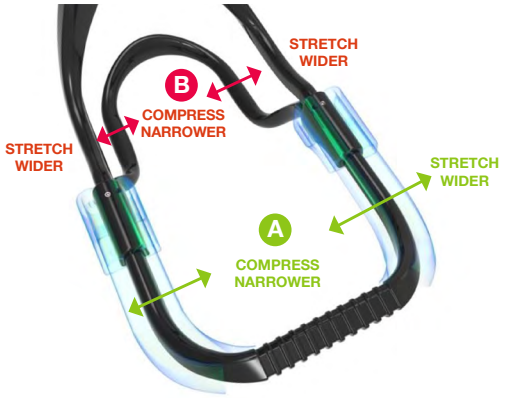
☐ _____ mm wider

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
☐	Lace Clip Attachment	Small	200000-L00-S	
☐	Lace Clip Attachment	Med/Large	200000-L00-ML	
☐	Extra Cable Ties	Pack of 1000	700000-ZZZ-002	
☐	Extra Cable Ties	Pack of 20	700000-ZZZ-001	
☐	Frontier Shin Pad/Mag Strap Kit	S/M/L	502400-K00-SML	
☐	Ankle Stabilisation Strap	Universal	500100-AST-SML	
☐	Heel Bumper Kits (8 per kit)	S/M/L	500250-HBP-SML	
☐	Extension Stopper 30mm	S	500202-EXT-30	
☐	Extension Stopper 40mm	S/M/L	500202-EXT-40	
☐	Extension Stopper 45mm	M/L	500202-EXT-45	



Additional Information

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

@blatchfordgrp | turbomedfootdrop.co.uk

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