

# XTERN Summit 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 Summit Required

Small     Medium

Large

Non-assembled  
XTERN Summit Required

Small     Medium

Large

Assembled and Non-assembled braces are the same price.

## Measurements

Shoe Size \_\_\_\_\_

Male     Female

Approx Height \_\_\_\_\_

Approx weight in Kg \_\_\_\_\_

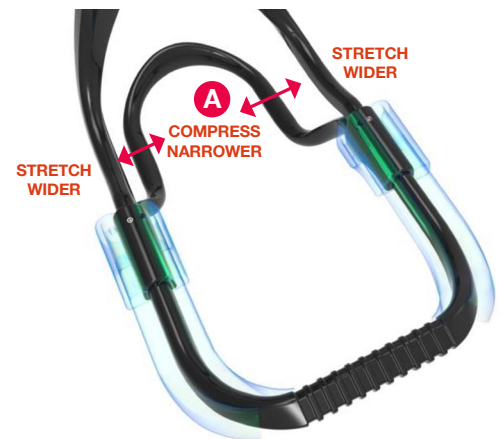
**A**

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 Summit 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"/> 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"/> Summit XTERN Moulded Calf Pad/Strap	Med/Large	501302-K00-ML	
<input type="checkbox"/> Summit XTERN Moulded Calf Pad/Strap	Small	501302-K00-S	
<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	

For technical support please email [david.bownes@blatchford.co.uk](mailto:david.bownes@blatchford.co.uk)

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