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PATIENT INFORMATION

Name: _____

Prescribing Clinician: _____

Left leg Right leg Both legs

TRIAL-KIT USED

FS3000

XTERN

Paediatric
 Small
 Medium / Large

Small
 Medium
 Large

ORTHOTIST/PRACTITIONER INFORMATION

(Person that took the measurements)

Clinic / Customer Name _____

Name: _____

Phone number: _____

Email address: _____

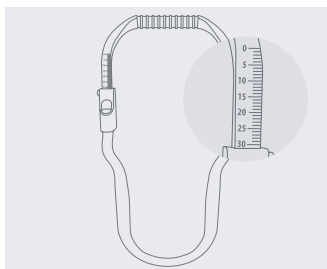
Purchase order number: _____

MEASUREMENTS

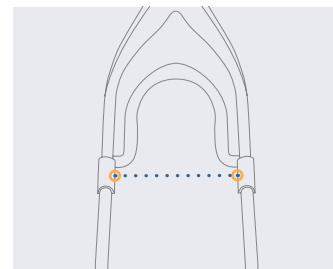
① Shoe size: _____
Man: Woman:



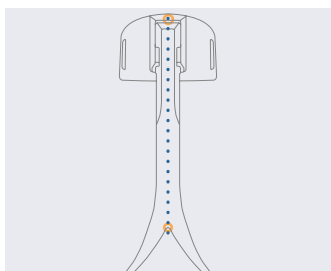
② Front length: _____
! CAUTION: Always same numbers on both sides.



③ Total width: _____
 Make it same width than trial-kit
 _____ mm narrower
 _____ mm wider



④ 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.



ACCESSORIES AND OPTIONS

Extra charge for all items, (See price list).

- Extension Stopper Kit _____
- Extra Lace Clips (QTY) _____
- Extra Cable Ties (100) (QTY) _____
- Extra Calf Strap / Padding Kit _____
- Ankle Stabilisation Strap _____