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PATIENT INFORMATION

Name: _____

Prescribing Clinician: _____

Left leg Right leg Both legs (Please tick box)

TRIAL-KIT USED (Please tick box)

FS3000 _____

XTERN _____

Paediatric

Small

Small

Medium

Medium / Large

Large

ORTHOTIST/PRACTITIONER INFORMATION

(Person that took the measurements)

Clinic / Customer Name _____

Name: _____

Phone number: _____

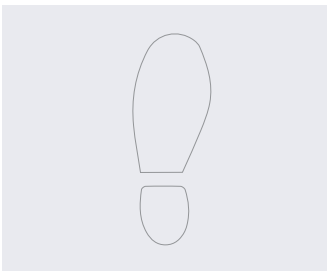
Email address: _____

Purchase order number: _____

MEASUREMENTS

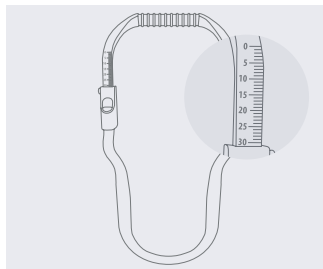
① Shoe size: _____

Man: Woman: (Please tick box)



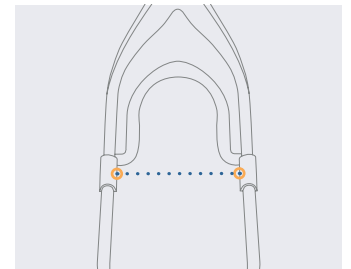
② Front length: _____

⚠ CAUTION: Always same numbers on both sides.



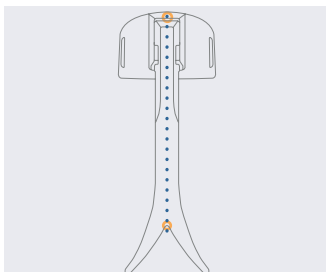
③ Total width: (Please tick box)

- 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).

(Please tick box and specify quantities)

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

Once you have completed the form; please save the form with your name and send it back to orders@talarmade.com.