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PATIENT INFORMATION

Name: _____

Prescribing Clinician: _____

Left leg Right leg Both legs

TRIAL-KIT USED

FS3000

Paediatric

Small

Medium / Large

XTERN

Paediatric

Small

Medium

Large

ORTHOTIST/PRACTITIONER INFORMATION

(Person that took the measurements)

Clinic / Customer Name _____

Name: _____

Phone number: _____

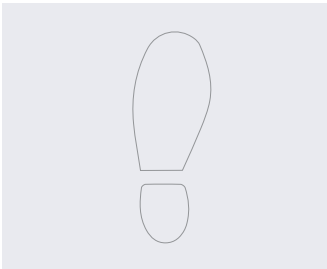
Email address: _____

Purchase order number: _____

MEASUREMENTS

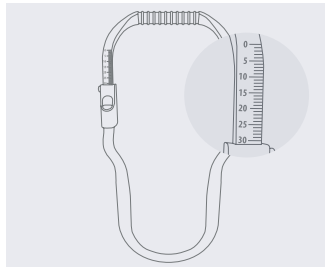
① Shoe size: _____

Man: Woman:



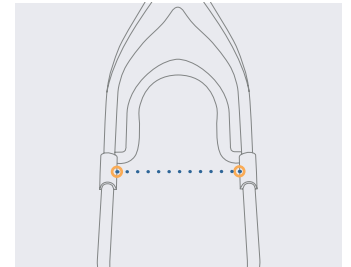
② Front length: _____

CAUTION: Always same numbers on both sides.



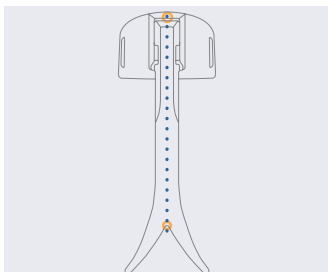
③ Total width: _____

- 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 _____