

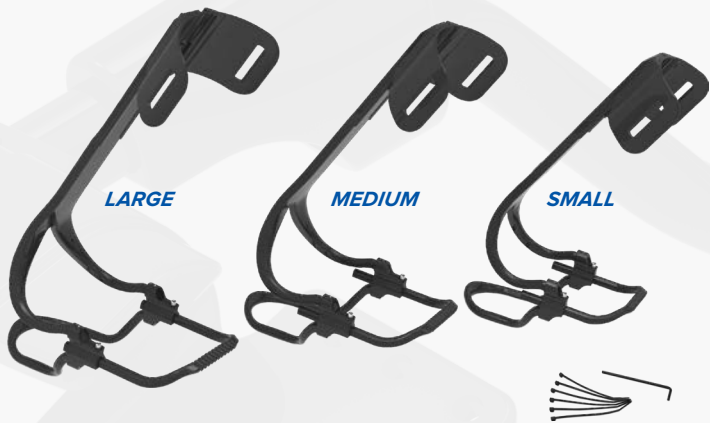


Kevin Orthopedic is proud to introduce the revolutionary

# DROP FOOT AFO: XTERN FIT KIT!

- 100% Transferable
- 100% External
- As light as Carbon Fiber alternatives
- No skin contact with foot or ankle
- Amazing energy return due to the patented design

Fits on all shoes •  
Running shoes •  
Working shoes and boots •  
Dress shoes •  
Sandals •



## WITH THIS KIT YOU CAN:

1. Determine the size of your patient (S,M,L)
2. Determine the Front Shoe Section Length (in mm)
3. Give every single drop foot patient you see the best AFO option. There is no better solution for drop foot than the XTERN!

### Give your patients their lives back!

## THIS FIT KIT INCLUDES:

- 1 x Small XTERN Fitting Brace
- 1 x Medium XTERN Fitting Brace
- 1 x Large XTERN Fitting Brace
- Zip Ties
- Allen Key
- Fitting Instructions

## REIMBURSEMENT INFORMATION:

### L1951

Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment.

Ceiling: \$970.87  
Floor: \$728.16

### L2820

Addition to lower extremity orthosis, soft interface for molded plastic, below knee section.

Ceiling: \$105.08  
Floor: \$78.01

**FIT KIT PRICE**  
**\$225**

**PRODUCT PRICE:**  
**\$395**



Call us: 1-877-767-3338  
Fax: 1-866-919-9268

www.kevinorthopedic.com  
hello@kevinorthopedic.com

Feel Change  
for a Better You

**CLINICIAN**

**1** REQUIRED

Account ..... Location .....  
PO Number .....  
Clinician .....  
Clinician Email .....

**XTERN AFO Demo Kit Order Form**

Date: ..... / ..... / .....  
MM DD YYYY

Rush order due date:

..... / ..... / .....  
MM DD YYYY

Contact me to review Rx



Call us: 1-877-767-3338

Fax: 1-866-919-9268

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hello@kevinorthopedic.com

**ORDER**

**2** REQUIRED

**DEMO KIT INCLUDES**

1 x Small XTERN Trial AFO  
1 x Medium XTERN Trial AFO  
1 x Large XTERN Trial AFO  
Zip Ties  
Allen Key  
Fitting Instructions

**REIMBURSEMENT**

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**Ceiling: \$970.87**

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**Ceiling: \$105.08**

**Floor: \$78.01**

**FIT KIT PRICE:**

**\$225** Per Fit Kit

Enter Qty.

**PRODUCT PRICE**

**\$395** Per XTERN

**BILLING**

**3** REQUIRED

Company \* ..... Tax ID \* .....  
Phone \* ..... Email \* .....  
Cardholder Name \* .....  
Card # \* ..... Expiration Date \* ..... / ..... CVV Code \* .....  
MM YYYY  
Billing Address \* .....  
City \* ..... State \* ..... Zip Code \* .....

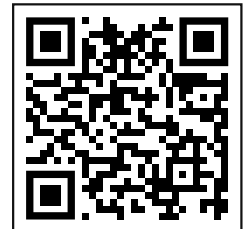
**SHIPPING**

**4** REQUIRED

Shipping Address Same As Billing  Enter Shipping Address  
Attention \* .....  
Shipping Address \* .....  
City \* ..... State \* ..... Zip Code \* .....

Visit the Kevin Orthopedic YouTube Channel for simple Patient Assessment guidelines ▶

Use QR App and focus the camera on your phone on this code to take you directly to video tutorial.



Special Instructions: .....

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