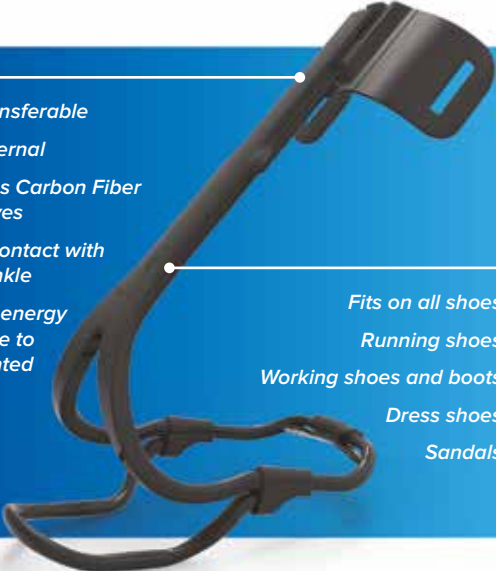




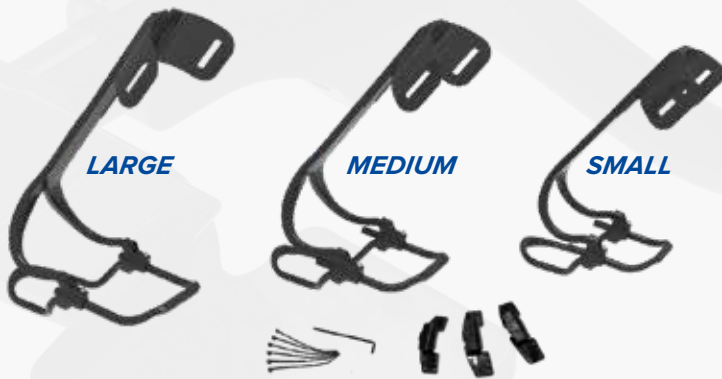
Kevin Orthopedic is proud to introduce the revolutionary

FOOT DROP 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 foot drop patient you see the best AFO option. There is no better solution for foot drop than the XTERN!

**Give your patients
their lives back!**

THIS FIT KIT INCLUDES:

- 1 x Small XTERN Fitting Brace + Demo Shoe
- 1 x Medium XTERN Fitting Brace + Demo Shoe
- 1 x Large XTERN Fitting Brace + Demo Shoe
- Shoe Clips
- 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*

STEP 1:
Order Fit Kit

STEP 2:
Fit & Order XTERN for your patients



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 FIT 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

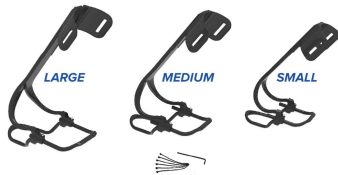
www.kevinorthopedic.com
hello@kevinorthopedic.com

ORDER

2 REQUIRED

FIT 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



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Enter Qty.

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

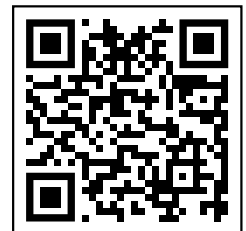
Attention *

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:

.....
.....
.....