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**XTERN Foot Drop AFO**

Date MM...../DD...../YYYY.....  
Rush production  
3 days      4 days

**Patient**

First Name .....  
Last Name .....  
Gender: M      F      DOB MM...../DD...../YYYY.....  
Height ..... Weight ..... Shoe size .....  
Dx .....  
Ship to Patient .....  
Street Address .....  
City .....  
State ..... Zip .....

**Clinician**

Account Name/Number .....  
Location .....  
PO Number .....  
Clinician .....  
Contact me before processing

**Size** (see chart)

**Side**

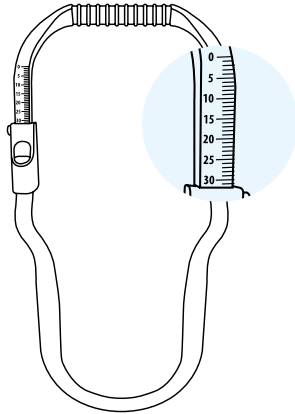
**ORDER**

**XTERN AFO REIMBURSEMENT:**  
L1951  
OPTIONAL: L2820,  
L2270 (Accessory: ANKLE STABILISATION STRAP REIMBURSEMENT)  
-Addition to lower extremity, varus/valgus correction ('t') strap, padded/lined or malleolus pad



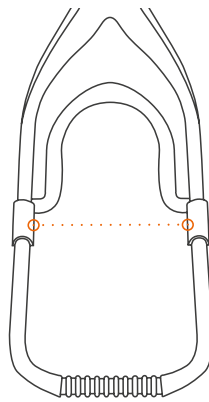
**1 REQUIRED**

**Front length:** .....  
⚠ Always same numbers on both sides.



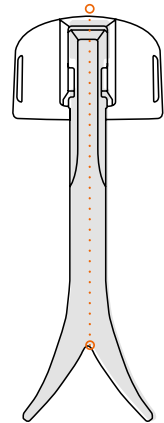
**2 OPTIONAL**

**Total width:**  
Same as trial-kit  
.....mm narrower  
.....mm wider



**3 OPTIONAL**

**Calf height:** ..... cm  
Slide the calf band at the desired position on patient calf. On the back of the orthosis, measure the distance in centimeters between the "Y" intersection and the top of the plastic calf band.



**Accessories and options** (Extra charge for all items - see price list)

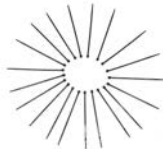
**Varus/Valgus Ankle Stabilisation Strap**



**Extra Lace Clips (1pc)**



**Extra Zip Ties (20pcs)**



**Extra Calf Strap / Padding Kit**



**Extension Stopper Kit**



**Tactical Belt**



**ANKLE STABILISATION STRAP REIMBURSEMENT: L2270** - Addition to lower extremity, varus/valgus correction ('t') strap, padded/lined or malleolus pad

**Visit the Kevin Orthopedic Institute YouTube Channel for 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 .....  
(including multiple .....  
product orders): .....