



Order Form RICHIE AEROSPRING BRACES

PLEASE SEND ▶

SOLO Boxes \$7.50 US Mail Labels UPS Labels Order Forms Barcoded Address Labels Other _____

P.O.#																				
Patient First Name																				
Patient Last Name																				
Gender		Date of Birth																		
Shoe Size <i>*(required)</i>		Shoe Style																		
<input type="checkbox"/> Return Casts <i>(\$25.00 with original order)</i>	<input type="checkbox"/> Shoes Enclosed	<input type="checkbox"/> Insoles Enclosed																		
X																				
Physician's Signature <i>(required)</i>																				

Please apply barcode label here.

NOTES

SHIPPING ▼ Shipping Address: *If different than billing address*
ADDRESS _____
CITY _____ STATE _____ ZIP _____

PAYMENT ▼ Check Enclosed CHECK# _____ \$ _____
 MC Visa AmEx Credit Card on File BILL My SOLO Account
CARD #

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NAME ON CARD _____ EXP. DATE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

Cast Enclosed for: Left Right B/L

SELECT THE BRACE SYSTEM:

- AeroSpring Achilles Offloading System**
Carbon Fiber AFO, one pair custom foot orthosis, one pair of 20mm graduated heel wedges in 10mm increments

- AeroSpring Plantar Fascia Offloading System**
Carbon Fiber AFO, one pair custom foot orthosis, one pair 10mm graduated heel wedges

- AeroSpring Midfoot Offloading System**
Carbon Fiber AFO, one pair custom foot orthosis, one pair 10mm graduated heel wedges

- AeroSpring Dropfoot Stability System**
Carbon Fiber AFO, one pair custom foot orthosis, no heel wedges are recommended for this system

Additional Heel Wedges sold as one pair:

- One pair 5mm - \$15.00
- One pair 10mm - \$30.00
- One pair 20mm - \$60.00

Special Notes:

* order cannot be processed without patient height

