

P.O. Number

**PATIENT INFORMATION**

Name

Shoe Size\*   Male  Female

Date of Birth  Weight

Shoes / Insoles Enclosed

Previous Rx#  Date

**ORDER OPTIONS**  
ADDITIONAL CHARGES WILL APPLY

- Return Positive Molds
- SOLO Boxes
- US Mail Labels \_\_\_\_\_
- UPS Labels \_\_\_\_\_

SHIPPING INFORMATION IF SHIP TO PATIENT OR LOCATION OTHER THAN BAR CODE.

Street Address

City  State & ZIP

Physician's Signature

Cast Enclosed for:  Left  Right  B/L **PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!**

**Richie Ultra™ Modification:** Adds a pretibial shell to any brace ordered below. STS Mid-leg sock recommended. Provide weight / height above.

RICHIE BRACE	DESCRIPTION	CASTING REQUIREMENTS
<input type="checkbox"/> Standard	Full flexion ankle hinge pivot, custom ankle foot orthosis	high enough to outline malleoli
<input type="checkbox"/> Permanent Fixed Ankle Pivot	Limits ankle motion yet allows smooth contact phase of gait. Allows 3-5° motion	high enough to outline malleoli
<input type="checkbox"/> Dynamic Assist	Spring hinge provides up to 15° dorsiflexion to treat dropfoot conditions	high enough to outline malleoli
<input type="checkbox"/> Little Richie	Pediatric application for shoe sizes smaller than an adult size 4	high enough to outline malleoli
<input type="checkbox"/> Richie Soccer	With integrated shin guard	high enough to outline malleoli
<input type="checkbox"/> Solid AFO	Traditional full leg posterior shell with balanced functional orthotic footplate	1/2" taller than posterior height patient requires. Please mark posterior trimline on back of cast.
<input type="checkbox"/> OTC Ankle	A semi-rigid ankle stirrup articulated with a pre-form orthotic footplate	no cast needed
<input type="checkbox"/> OTC Dynamic Assist	A prefabricated ankle foot orthosis providing dynamic dorsiflexion and eversion of the ankle joint	no cast needed

**CHOOSE COLOR**

- Black STD.
- Fleshtone
- White

**EXTRINSIC FOREFOOT POSTING**

**RIGHT**

\_\_\_\_\_ ° VARUS VALGUS

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**LEFT**

\_\_\_\_\_ ° VARUS VALGUS

**SPECIAL MODIFIED VERSIONS OF STANDARD RICHIE BRACE (optional)**

<input type="checkbox"/> Medial Arch Suspender	Adjustable lifting strap under talo-navicular joint for severe PTTD.
<input type="checkbox"/> Lateral Arch Suspender	Adjustable lifting strap under calcaneal cuboid joint for peroneal tendinopathy and severe lateral ankle instability.
<input type="checkbox"/> Arch Hammock	A combination of the medial and lateral arch suspenders for early charcot arthropathy.

**ACCOMMODATION LOCATIONS**

**IMPORTANT CLINICAL INFORMATION**

*If your patient presents with either of the two conditions listed below, please check the appropriate box.*

**Tibial Varum**  Neutral Stance \_\_\_\_\_ °  Relaxed Stance \_\_\_\_\_ ° *Adjust limb uprights for the Tibial Varum.*  Yes  No

**Forefoot Abduction**  None  Moderate  Severe - *Relative to malleoli, with weight bearing* *Adjust the footplate for the Forefoot Abduction.*  Yes  No

**RICHIE BRACE MODIFICATIONS (if necessary)**

Top Cover <input type="checkbox"/> EVA STD. <input type="checkbox"/> Spenco <input type="checkbox"/> Diabetic Plastizote	Length <input type="checkbox"/> to Mets STD. <input type="checkbox"/> to Sulcus <input type="checkbox"/> to Toes <input type="checkbox"/> Add Poron cushion to ext.
Heel Cup <input type="checkbox"/> 10mm <input type="checkbox"/> 14mm <input type="checkbox"/> 18mm <input type="checkbox"/> 35mm STD.	Medial Heel Skive (for severe pronational control) <input type="checkbox"/> 2mm <input type="checkbox"/> 4mm <input type="checkbox"/> 6mm

**CAST & ORTHOTIC MODIFICATIONS (if necessary)**

\_\_\_\_\_ ° Heel Lift  Add Medial Arch Flange  Orthotic Plate Modification\*  Navicular\* **\*REQUIRED MARKS IN CAST**  
 Styloid 5th Met\*  Medial Fascial Band\*  Other \_\_\_\_\_



**PLEASE SEND**  Barcode Labels  Order Forms  Other \_\_\_\_\_