

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
☐ 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

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. <small>A permanent fixed ankle pivot will be used unless noted otherwise.</small>
<input type="checkbox"/> Lateral Arch Suspender	Adjustable lifting strap under calcaneal cuboid joint for peroneal tendinopathy and severe lateral ankle instability. <small>A permanent fixed ankle pivot will be used unless noted otherwise.</small>
<input type="checkbox"/> Arch Hammock	A combination of the medial and lateral arch suspenders for early charcot arthropathy.

IMPORTANT CLINICAL INFORMATION

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

Tibial Varum	<input type="checkbox"/> Neutral Stance <input type="text"/> <input type="checkbox"/> Relaxed Stance <input type="text"/>	Adjust limb uprights for the Tibial Varum.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forefoot Abduction	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Relative to malleoli, with weight bearing. Adjust the footplate for the Forefoot Abduction.	<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> _____ " Heel Lift	<input type="checkbox"/> Add Medial Arch Flange	<input type="checkbox"/> Orthotic Plate Modification*	<input type="checkbox"/> Navicular*	*REQUIRED MARKS IN CAST
<input type="checkbox"/> Styloid 5th Met*	<input type="checkbox"/> Medial Fascial Band*	<input type="checkbox"/> Other	<input type="text"/>	



PLEASE SEND ☐ Barcode Labels ☐ Order Forms ☐ Other