

PLACE ACCOUNT LABEL HERE

P.O. Numbor PATENT INFORMATION Order Options ADDITIONAL SHOWN ORDER OR	LABORATO	DRIES.INC.				
PATIENT INFORMATION Name		•	Order Options		SHIPPING INFORMATION IF S	SHIP TO PATIENT
Name Snoe Size*	PATIENT INFORMATION					
Snoe Size*			``	- /		
City State 8.78P Date of Birth		☐ Male ☐ Female	UPS Labels (Qty 5)	Street Address	
Date of Birth Weight Shoesy Insoles Enclosed Physician's Signature Barcodes Labels Physician's Signature Physician's Signature Physician's Signature Physician's Signature Barcodes Labels Physician's Signature Physician's Sig	STIDE SIZE"	(for shoe sizing)			City	State & 7IP
Previous Rx # Date To expedite the processing of your order, please call ahead with questions. Activity Level: Non Ambulatory Low/Transfer Medium High/Active	Date of Birth	Weight	_		city	State & Zii
To expedite the processing of your order, please call ahead with questions. Activity Level: Non Ambulatory Low/Transfer Medium High/Active	☐ Shoes/ Insoles Enclose	d			Physician's Signature	
To expedite the processing of your order, please call ahead with questions. Activity Level:					Barcodes Labels Or	der Forms
Activity Level: Non Ambulatory Low/Transfer Medium High/Active Diagnosis: Primary reason for the device: Special Instructions: Clinical Observation: Special Instructions: Ankle: Normal/Flexible Limited Fixed/Fused Fixed/Fused Tibial Varum: Adjust limb uprights for Tibial Varum RICHIE BRACE Left Only Right Only Bilateral PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST! STANDARD STANDARD DYNAMIC ASSIST SOLID AFO SOCCER Full Flexion Hinge Restricted Hinge					 	
Diagnosis:	To expedite the process	sing of your order, please call	ahead with questions.		Ē	-converse Intersector
Primary reason for the device: Clinical Observation: Ankle: Normal/Flexible Limited Fixed/Fused Forefoot: Normal/Flexible Limited Fixed/Fused Forefoot: Normal/Flexible Limited Fixed/Fused Forefoot: Normal/Flexible Limited Fixed/Fused Fixed/Fused Fixed/Fused RICHIE BRACE Left Only Right Only Bilateral STANDARD STANDARD DYNAMIC ASSIST SOLID AFO SOCCER Full Flexion Hinge Restricted Hinge Re	<i>-</i>	on Ambulatory 🔲 Low/Transf	er Medium H	ligh/Active		
Clinical Observation: Ankle: Normal/Flexible Limited Fixed/Fused	Diagnosis:					
Ankle: Normal/Flexible Limited Fixed/Fused Forefoot: Normal/Flexible Limited Fixed/Fused Forefoot: Normal/Flexible Limited Fixed/Fused Fibial Varum: Adjust limb uprights for Tibial Varum RICHIE BRACE Left Only Right Only Bilateral FILE STANDARD Full Flexion Hinge Restricted Hinge	-					
Forefoot: Normal/Flexible Limited Fixed/Fused Tibial Varum: Adjust limb uprights for Tibial Varum RICHIE BRACE Left Only Right Only Bilateral STANDARD DYNAMIC ASSIST SOLID AFO SOCCER Full Flexion Hinge Restricted Hinge Restrict	_				ns:	
RICHIE BRACE Left Only Right Only Bilateral PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST! STANDARD DYNAMIC ASSIST SOLID AFO SOCCER Full Flexion Hinge Restricted Hinge Full Flexion Hinge Restricted Hinge	Forefoot: Norn	mal/Flexible Limited	☐ Fixed/Fused			
STANDARD	Tibial Varum: 🗌 Adju	ust limb uprights for Tibial Varum	1			
Full Flexion Hinge Restricted Hinge Restricte	RICHIE BRACE 1	eft Only Right Only	Bilateral PL	EASE MARK MED	IAL AND LATERAL MALLEO	LI ON NEGATIVE CAST!
Top Cover Length: Met (unavailble on Dynamic Assist) Sulcus Full Add extra Poron Heel Cup: 10mm 14mm 18mm 35mm Extrinsic Forefoot Post to Sulcus: Right: Varus Valgus Degrees Operation Left: Varus Valgus Degrees Operation Valgus Degrees Operation Degrees Operation Navicular (requires mark in cast)	Full Flexion Hi Restricted Hing (Available only on th Medial Arch	nge le e Restricted Hinge) n Suspender n Suspender			Full Flexion Hinge	Full Flexion Hinge
Heel Cup: 10mm 14mm 18mm 35mm Extrinsic Forefoot Post to Sulcus: Right: Varus Valgus Degrees ° Outline Degrees ° Outline Valgus Degrees ° Outline Degrees ° Outline Out	Top Cover:	☐ EVA ☐ Spence	o Plastazote/Po	oron		
Extrinsic Forefoot Post to Sulcus: Right: Varus Valgus Degrees Obegrees Valgus Degrees Obegrees Obegrees	Top Cover Length:	Met (unavailble on Dynamic Ass	ist) Sulcus	☐ Full ☐ A	Add extra Poron	
Heel Skive: Right: Medial mm	Heel Cup:	☐ 10mm ☐ 14mm	☐ 18mm	35mm		
Modifications: Heel Liftmm Flange Medial Lateral Scan for product deta Fascial Groove (requires mark in cast) Navicular (requires mark in cast) Met Pad	Extrinsic Forefoot Po	st to suicus.				
Flange Medial Lateral Scan for product deta Scan for product deta Navicular (requires mark in cast) Met Pad	Heel 2kive:					
☐ Morton's Extension ☐ Forefoot Accommodations ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th	Modifications:	Flange Medial La Fascial Groove (requires mark Navicular (requires mark in cast) Met Pad Met Bar Morton's Extension	in cast)	□ 4th □5th		Scan for product details THE BRACE BRACE RESTORING HOUSET

Other ____

(Items highlighted in Bold are Standard)