



RICHIE BRACE OTC

PLACE ACCOUNT LABEL HERE

P.O. Number

PATIENT INFORMATION

Name

Shoe Size*

Male Female
(for shoe sizing)

Date of Birth Weight

Order Options

ADDITIONAL CHARGES WILL APPLY

- US Mail Labels (Qty 5)
- UPS Labels (Qty 5)

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

Street Address

City State & ZIP

Physician's Signature

Barcodes Labels

Order Forms



To expedite the processing of your order, please call ahead with questions.

RICHIE BRACE OTC



- STANDARD OTC**
- Full Flexion Hinge
- Restricted Hinge



- DYNAMIC ASSIST OTC**

SIZE

QUANTITY

Left Right

Extra Small	W 4-6	<input type="text"/>	<input type="text"/>
Small	M 5-7 / W 7-9	<input type="text"/>	<input type="text"/>
Medium	M 8-10 / W 10-12	<input type="text"/>	<input type="text"/>
Large	M 11-13 / W 13-15	<input type="text"/>	<input type="text"/>
Extra Large	M 14+ / W 16+	<input type="text"/>	<input type="text"/>

Total Quantity:

SIZE

QUANTITY

Left Right

Extra Small	W 4-6	<input type="text"/>	<input type="text"/>
Small	M 5-7 / W 7-9	<input type="text"/>	<input type="text"/>
Medium	M 8-10 / W 10-12	<input type="text"/>	<input type="text"/>
Large	M 11-13 / W 13-15	<input type="text"/>	<input type="text"/>
Extra Large	M 14+ / W 16+	<input type="text"/>	<input type="text"/>

Total Quantity:



Scan for product details

