

RICHIE AEROSPRING **BRACE SYSTEMS**

PLACE ACCOUNT LABEL HERE

Please use the most recent order form at sololabs.com/order-forms Updated 8/26/24

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P.O. Number	Order Options	ADDITIONAL CHARGES WILL APPLY	SHIPPING INFORMATION IF SHIP TO PATIENT OR LOCATION OTHER THAN THE ACCOUNT LABEL
PATIENT INFORMATION		WILL APPLY	2000.102
Name	US Mail Labels (Qty 5) UPS Labels (Qty 5)		Street Address
Shoe Size* Male Female (for shoe sizing)			
(cg)			City State & ZIP
Date of Birth Weight			
Shoes/ Insoles Enclosed			Physician's Signature
Previous Rx # Date			Send Account Labels
To expedite the processing of your order, please call ahe	and with questions		国的特益证券 Scan for order forms
Activity Level: Non Ambulatory Low/Transfer	_		
Diagnosis:			
Primary reason for the device:			
Clinical Observation: Ankle: Normal/Flexible Limited	Special Fixed/Fused	Instruction	ns:
Forefoot: Normal/Flexible Limited	☐ Fixed/Fused		
OTC AEROSPRING BRACE	ight Only		AST NEEDED, BUT REQUIRES SHOE SIZE
OR Select a pathology specific brace	a system helow	ı•	
Select a pathology specific brace	e system below		
AeroSpring Achilles Offload	ding System		
1 Carbon Fiber AFO ☐ Le 1 pair custom foot orthosis (*c	eft Right	ot roquirod)	
1 pair of 20mm graduated hee			
AeroSpring Plantar Fascia C			
1 pair custom foot orthosis (*c		eet required)	
1 pair of 10mm graduated hee	l wedges		
AeroSpring Midfoot Offload	ding System		
1 Carbon Fiber AFO	eft Right		
1 pair custom foot orthosis (*c 1 pair of 10mm graduated hee		eet required)	
r pair of forming duduced free	Wedges		
AeroSpring Dropfoot Stabil	lity System		
☐ 1 Carbon Fiber AFO ☐ Le 1 pair custom foot orthosis (*c.	eft Right	et required)	PWMP
Heel wedges are not recomme		et required)	国が会子 B 3事
			Scan for product details
Additional Heel Wedges so	ld as one pair:		D. 1.
One pair 10mm			THE BRACE ®
One pair 20mm			(Items highlighted in Bold are Standard