

P.O. Number

PATIENT INFORMATION

Name

Shoe Size\*   Male  Female  
(for shoe sizing)

Date of Birth  Weight

Shoes/ Insoles Enclosed

Previous Rx #  Date

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 THE ACCOUNT LABEL

Street Address

City  State & ZIP

Physician's Signature

Send Account Labels



Scan for order forms

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

**Activity Level:**  Non Ambulatory  Low/Transfer  Medium  High/Active

**Diagnosis:**

**Primary reason for the device:**

**Clinical Observation:**

**Ankle:**  Normal/Flexible  Limited

**Forefoot:**  Normal/Flexible  Limited

**Tibial Varum:**  Adjust limb uprights for Tibial Varum

**Special Instructions:**

Fixed/Fused

Fixed/Fused

**RICHIE BRACE**  Left Only  Right Only  Bilateral

**PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!**



- STANDARD**  
 Full Flexion Hinge  
 Restricted Hinge



- DYNAMIC ASSIST**



- SOLID AFO**



- SOCCER**  
 Full Flexion Hinge  
 Restricted Hinge



- LITTLE RICHIE**  
 Full Flexion Hinge  
 Restricted Hinge

(Available only on the Restricted Hinge)

- Medial Arch Suspender  
 Lateral Arch Suspender  
 Arch Hammock

**Top Cover:**  EVA  Spenco  Plastazote/Poron

**Top Cover Length:**  Met (unavailable on Dynamic Assist)  Sulcus  Full  Add extra Poron

**Heel Cup:**  10mm  14mm  18mm  35mm

**Extrinsic Forefoot Post to Sulcus:** **Right:**  Varus  Valgus  Degrees °  
**Left:**  Varus  Valgus  Degrees °

**Heel Skive:** **Right:**  Medial  mm  
**Left:**  Lateral  mm

- Modifications:**
- Heel Lift  mm
  - Flange  Medial  Lateral
  - Fascial Groove (requires mark in cast)
  - Navicular (requires mark in cast)
  - Met Pad
  - Met Bar
  - Morton's Extension
  - Forefoot Accommodations  1st  2nd  3rd  4th  5th
  - Other



Scan for product details



(Items highlighted in Bold are Standard)