<b>SO</b> LABORAT	LO <sup>®</sup> RIC	CHIE BRAC	ES	Please use the most recent	COUNT LABEL HERE order form at <i>sololabs.com/order-forms</i> lpdated 1/2/25
P.O. Number		Order Options ADDITIONAL CHARGES		SHIPPING INFORMATION IF SHIP TO PATIENT OR	
PATIENT INFORMATION		WILL APPLY		LOCATION OTHER THAN THE ACCOUNT LABEL	
Name In Male In Female (for shoe sizing)		US Mail Labels (Qty 5)		Street Address	
Date of Birth Weight				City	State & ZIP
Shoes/ Insoles Enclos	ed			Physician's Signature	
Previous Rx # Date				Send Account Labels	Control of the second s
	ssing of your order, please call al	•			scar for order forms
-	Non Ambulatory 🔲 Low/Transfer		gh/Active		
-	the device:				
Forefoot: No	rmal/Flexible Imal/Flexible Imal/Flexible Just limb uprights for Tibial Varum	Spec	ial Instructior	ns:	
RICHIE BRACE	Left Only 🛛 Right Only	Bilateral PLE	ASE MARK MEDI	AL AND LATERAL MALLEO	LI ON NEGATIVE CAST!
STANDARD STA	nge the Restricted Hinge) ch Suspender ch Suspender			SOCCER Full Flexion Hinge	LITTLE RICHIE
Top Cover:	<b>EVA</b> Spenco	Plastazote/Por	ron		
Top Cover Length:	Met (unavailble on Dynamic Assist)	Sulcus	_ Full _ A	dd extra Poron	
Heel Cup:	☐ 10mm ☐ 14mm	[] 18mm [	35mm		
Extrinsic Forefoot Po	ost to Sulcus:     Right:      Varus       Left:      Varus	Valgus [ Valgus [	Degrees Degrees	• - •	
		teral mm teral mm			
Modifications:	<ul> <li>Heel Liftmm</li> <li>Flange Medial Late</li> <li>Fascial Groove (requires mark in cast and</li> <li>Navicular (requires mark in cast and</li> <li>Met Pad</li> <li>Met Bar</li> <li>Morton's Extension</li> <li>Forefoot Accommodations</li> <li>Other</li></ul>	ast) d a medial flange or arch suspende			Scan for product details