

ACCOUNT INFO

Name: _____ Account #: _____ PO# / MR#: _____
Shipping address: _____ City: _____ State: _____ Zip: _____

PATIENT INFO

Last name: _____ First name: _____
Age/DOB: _____ Weight: _____ Height: _____ Male Female
Shoe type: Dress Casual Athletic Other: _____
Shoe size: _____ Shoe width: _____ Shoe/insole enclosed: Yes No
Diagnosis: _____

ORDER INFO

Make from prior Rx: (# _____)
 Ship to patient (please provide address)
Street: _____
City/State/Zip: _____
 Left Right

RICHIE BRACE

COLOR OPTIONS: Black (Standard) White Beige



STANDARD ADULT
Full flexion ankle hinge pivot, custom ankle foot orthotic.



STANDARD CHILD (LITTLE RICHIE)
Pediatric for shoe sizes smaller than an adult size 4.
**Please provide a mid-calf measurement of circumference.*



STANDARD WITH RESTRICTED ANKLE PIVOT
Limits ankle motion yet allows smooth contact phase of gait. Allows 3-5 degree of motion.



DYNAMIC ASSIST
Spring hinge provides up to 15 degrees of dorsiflexion to treat dropfoot conditions.



RICHIE SOCCER
Includes integrated shin guard.
**Please provide a mid-calf measurement of circumference.*



SOLID AFO
Traditional full leg posterior shell with balanced functional orthotic footplate.
**Available in beige only*

RICHIE CALIFORNIA/GAUNTLET

COLOR OPTIONS: Tan Chocolate



RICHIE CALIFORNIA
Leather AFO with medial or lateral arch suspender and single strap closure.



RICHIE GAUNTLET
Laced Leather AFO with medial AND lateral arch suspender and legitimate varus/valgus control.

RICHIE OTC BRACES

**No cast needed*



STANDARD OTC
A semi-rigid ankle stirrup articulated with a pre-formed orthotic footplate.



DYNAMIC ASSIST OTC
A pre-fabricated ankle foot orthosis providing dynamic dorsiflexion and eversion of the ankle joint.

Brace modifications & accommodations on page 2

BRACE MODIFICATIONS

- Medial Arch Suspender:** Adjustable lifting strap under talo-navicular joint for severe PTTD.
- Lateral Arch Suspender:** Adjustable lifting strap under calcaneal-cuboid joint for peroneal tendinopathy and severe lateral ankle instability.
- Posterior Upright Connector:** Connects uprights to stiffen brace (Arch suspenders require either a restricted ankle pivot or a posterior upright connector).
- Adjust Uprights for tibial varum**

PATIENT ALIGNMENT

Calcaneus alignment to leg: Inverted ____ Everted ____
 Leg alignment to floor: Varus ____° Valgus ____°

ORTHOTIC THICKNESS (POLY)

- 3mm (standard under 200 lbs)
- 4mm (standard over 200 lbs)
- 5mm

HEEL CUP DEPTH

- 35mm (Standard)
- 20mm
- Other: _____

SKIVE FLANGE

- | | | |
|---------|--------------------------|--------------------------|
| Medial | <input type="checkbox"/> | <input type="checkbox"/> |
| Lateral | <input type="checkbox"/> | <input type="checkbox"/> |

TOP COVER

- | | | |
|--|--------------------------|--------------------------|
| | 1/8" | 1/16" |
| Firm EVA (Standard) (Blue/Green/Black combo) | <input type="checkbox"/> | |
| Micropuff: Medium EVA (Black) | <input type="checkbox"/> | <input type="checkbox"/> |
| Terryco/Neoprene/Spenco (Black) | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetic: 1/8" Pink Plastizote | <input type="checkbox"/> | |

TOP COVER LENGTH

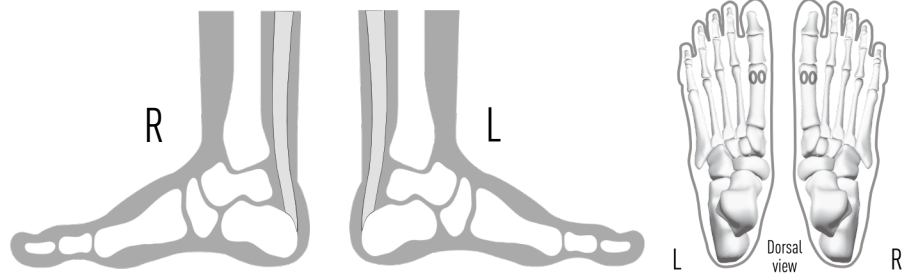
- Met Length (Standard)
- Sulcus (Std.- Dynamic Assist)
- Full-length

POSTING

- Heel Stabilizer (Standard)
- Heel Post ____° Inverted/Varus ____° Motion/Valgus
- Heel Lift ____mm
- Sulcus Forefoot Wedge ____° Varus ____° Valgus
- Plantar arch fill (black crepe)

ACCOMMODATIONS

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Fascial Groove | <input type="checkbox"/> Grind out 1st ray | <input type="checkbox"/> IPJ Accommodation | Heel Spur pads: |
| <input type="checkbox"/> Styloid | <input type="checkbox"/> Met Pad 1/8" | <input type="checkbox"/> Morton's Ext | <input type="checkbox"/> Heel cushion |
| <input type="checkbox"/> Navicular | <input type="checkbox"/> Met Bar 1/8" | <input type="checkbox"/> Balance Pad | <input type="checkbox"/> Donut cushion |
| <input type="checkbox"/> Grind out 1st met | <input type="checkbox"/> Toe Crest | <input type="checkbox"/> Arch Pad 1/8" | <input type="checkbox"/> Horseshoe cushion |
| <input type="checkbox"/> Padded Strap | <input type="checkbox"/> Medial Flip | | |



*Please review price list for additional options not shown and make any special notes below.

NOTES/SPECIAL INSTRUCTIONS:

Signature: _____

Print name: _____

Date: _____