



RX FORM

ACCOUNT INFO			Mone Brace
Name:	Accou	ınt #:	PO# / MR#:
Shipping address:	City:		State: Zip:
PATIENT INFO			ORDER INFO
Last First name: name:			— Make from prior Rx: (#)
Age/DOB: Weight: Height: _	☐ Male 〔	Female	Ship to patient (please provide address)
Shoe type: Dress Casual Athletic Othe	er:		Street:
Shoe size (Required): Shoe width: Shoe/insole er	nclosed: Yes No		City/State/Zip:
Diagnosis:			Left Right
RICHIE BRACE			
COLOR OPTIONS: Black (Standard)	White Beige		
STANDARD ADULT	DIEACE CE		FORNIA/GAUNTLET ONLY. SCANS NOT ACCEPTED
Full flexion ankle hinge pivot, custom ankle	e toot ortnotic.	WWZ	COLOR OPTIONS: Tan Chocolate
STANDARD CHILD (LITTLE RICHIE Pediatric for shoe sizes smaller than an adu			RICHIE CALIFORNIA
*Please provide a mid-calf measurement of circumfe			Leather AFO with medial or lateral arch suspender
STANDARD WITH RESTRICTED A	NKI F PIVOT		and single strap closure.
Limits ankle motion yet allows smooth conf			RICHIE GAUNTLET
gait. Allows 3-5 degree of motion.			Laced Leather AFO with medial AND lateral arch
			suspender and legitimate varus/valgus control.
DYNAMIC ASSIST			
Spring hinge provides up to 15 degrees of d	orsiflexion RICHI	E OTC I	BRACES *No cast needed
to treat dropfoot conditions.	4	ide	OTANDARD OTO
			STANDARD OTC
		L	A semi-rigid ankle stirrup articulated with a pre-formed orthotic footplate.
RICHIE SOCCER			
Includes integrated shin guard. *Please provide a mid-calf measurement of circumfe	ronco		DYNAMIC ASSIST OTC
i tease provide a iniu-cati measurement of circume	Telice.		A pre-fabricated ankle foot orthosis providing dynamic
PLEASE SEND CASTS ONLY. SCANS NOT ACCEPT SOLID AFO	ED		dorsiflexion and eversion of the ankle joint.
Traditional full leg posterior shell with bala	nced		
functional orthotic footplate.		_	

Brace modifications & accommodations on page 2

*Available in beige only

BRACE MODIFICATIONS			
Medial Arch Suspender: Adjustable lifting strap under ta	lo-navicular joint for severe PTTD.		
Lateral Arch Suspender: Adjustable lifting strap under ca	olcaneal-cuboid joint for peroneal tendinopa	thy and severe lateral ankle instability.	
Posterior Upright Connector: Connects uprights to stiffe	en brace (Arch suspenders require either a re	estricted ankle pivot or a posterior upright connect	or).
Adjust Uprights for tibial varum			
PATIENT ALIGNMENT	ORTHOTIC THICKNESS (POLY)	HEEL CUP DEPTH	SKIVE FLANGE
Calcaneus alignment to leg: Inverted Everted	3mm (standard under 200 lbs) 35mm (Standard) Media	
Leg alignment to floor: Varus° Valgus°	4mm (standard over 200 lbs)	☐ 20mm Latera	l D D
	∪ 5mm	Other:	
TOP COVER 1/8" 1/16"	TOP COVER LENGTH	POSTING	
Firm EVA (Standard) (Blue/Green/Black combo)	☐ Met Length (Standard)	Heel Stabilizer (Standard)	◯ No Posting
Micropuff: Medium EVA (Black)	Sulcus (Std Dynamic Assist)	☐ Heel Post° Inverted/Varus	° Motion/Valgus
Terryco/Neoprene/Spenco (Black)	☐ Full-length	Heel Liftmm	
Diabetic: 1/8" Pink Plastizote		Sulcus Forefoot Wedge° Varu	s° Valgus
ACCOMMODATIONS		Plantar arch fill (black crepe)	
ALL SCANS OR CASTS WHERE AN ACCOMMODATION IS REQUESTED MUS	T HAVE THE SPECIFIC LOCATION CLEARLY MARI	KED. PLEASE MARK WITH A CIRCLE FOR MOST ACCUR	ATE PLACEMENT.
☐ Fascial Groove ☐ Grind out 1st ray	IPJ Accommodation	Heel Spur pads:	
Styloid	☐ Morton's Ext	Heel cushion	
(MUST MARK CAST/SCAN)	Balance Pad	Donut cushion	
Navicular Toe Crest	☐ Arch Pad 1/8"	Horseshoe cushion	
Grind out 1st met Medial Flip			
Padded Strap			
11.17.1	1.0		
711 1			
R	L		
*Please review price list for additional options not shown and make any special notes below.		L Dorsal View R	
make any special notes below.			
NOTES/SPECIAL INSTRUCTIONS:			
0:	5.1.		
Signature:			
Date:			