

CONTACT & PATIENT INFORMATION	
	Name: _____ Title: _____ Address: _____ City: _____ State: _____ Zip: _____ Ph: _____ Fax: _____ Email: _____
	Patient Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Height: _____ Weight: _____ Shoe Size: _____ Shoe Type: _____ Shoes Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cast enclosed for <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L Brace MUST MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!
	<input type="checkbox"/> Also sending cast for standard orthotic – Please enclose separate RX form

CLINICAL INFORMATION (Required)	
DIAGNOSIS:	Stance Evaluation Calcaneus alignment to leg: _____° inverted or _____° everted Leg alignment to floor: _____° varum or _____° valgum

RICHIE BRACE® PRESCRIPTION (Required)	
<input type="checkbox"/> RICHIE BRACE® (standard): Full Flexion Ankle Hinge Pivot. Can include enhancements for Posterior Tibial Tendon Dysfunction (check any or all – See price list for additional charges): Medial Heel Skive <input type="checkbox"/> 4mm <input type="checkbox"/> 6mm Navicular Accommodation <input type="checkbox"/> (please mark negative cast) Adjust Limb Uprights for Tibial Varum <input type="checkbox"/> Yes <input type="checkbox"/> No (see measurements above) FOR SEVERE PTTD, RECOMMENDED MEDIAL ARCH SUSPENDER (SEE RESTRICTED ANKLE PIVOT BELOW)	
MODIFIED VERSIONS OF STANDARD RICHIE BRACE®:	
<input type="checkbox"/> RICHIE SOCCER BRACE® - Includes shin guard. <input type="checkbox"/> LITTLE RICHIE BRACE® - Pediatric application for shoe size 4 and under.	

<input type="checkbox"/> RICHIE BRACE® RESTRICTED ANKLE PIVOT: Limits ankle motion, yet allows smooth contact phase of gait. Indications: DJD ankle & STJ, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy. ENHANCEMENTS (optional): <input type="checkbox"/> MEDIAL ARCH SUSPENDER – Adjustable lifting strap under talo-navicular joint for severe PTTD <input type="checkbox"/> LATERAL ARCH SUSPENDER – Adjustable lifting strap under calcaneal-cuboid joint for peroneal tendinopathy and severe lateral ankle instability.
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<input type="checkbox"/> RICHIE BRACE® DYNAMIC ASSIST: Full flexion pivot with spring hinges for dorsiflexion assist. Patient requirements: 1. Dropfoot 2. Ankle dorsiflexion to at least 90° to leg 3. Stable knee (must have all 3)
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<input type="checkbox"/> RICHIE BRACE® SOLID AFO: Traditional full leg posterior shell w/balanced functional orthotic footplate. Indications: Dropfoot with unstable knee, dropfoot with spasticity, Charcot Arthropathy.

ALL RICHIE BRACES® HAVE THE FOLLOWING STANDARD FEATURES:		
♦ Top Cover – EVA ♦ Color – Black ♦ Heel Cup – 30mm	♦ Cover Length - Mets ♦ Orthotic Foot Plate – Intrinsic Balance to Perpendicular	♦ Limb Upright Supports – Aligned Perpendicular to Foot Plate ♦ Heel Stabilizer Bar - Included

COLOR OPTION - BLACK (STANDARD) FLESH TONE WHITE

Your prescription is now complete, unless you wish to make any modifications:

RICHIE BRACE® MODIFICATIONS (Optional)			
NOTE: NON-STANDARD BRACE MODIFICATIONS MAY HAVE EXTRA CHARGES – SEE PRICING SHEET			
Top Cover <input type="checkbox"/> EVA (Standard) <input type="checkbox"/> Spenco® <input type="checkbox"/> Implus® <input type="checkbox"/> Diabetic (Plastazote/Poron®)	Length <input type="checkbox"/> to Mets <input type="checkbox"/> to Sulcus <input type="checkbox"/> to Toes <input type="checkbox"/> add poron cushion to extension	Heel Cup <input type="checkbox"/> 10 mm <input type="checkbox"/> 14 mm <input type="checkbox"/> 18 mm <input type="checkbox"/> 30 mm (standard)	Medial Heel Skive For severe pronation control <input type="checkbox"/> 2mm <input type="checkbox"/> 4mm <input type="checkbox"/> 6mm

CAST AND ORTHOTIC MODIFICATIONS (Optional)	
<input type="checkbox"/> Heel Lift _____ (inch) <input type="checkbox"/> Add Medial Arch Flange <input type="checkbox"/> Add Lateral Clip	<input type="checkbox"/> Orthotic Plate Accommodation (please mark on cast) <input type="checkbox"/> Navicular <input type="checkbox"/> Medial <input type="checkbox"/> Fascia Band <input type="checkbox"/> Styloid 5 th Met <input type="checkbox"/> Other: _____
Extrinsic Long Forefoot Posting _____° Varus _____° Valgus Note: Not recommended as this will tilt entire brace to exact degree of posting.	

SPECIAL INSTRUCTIONS:

Accommodation location(s): (mark on illustration and on cast)



Plantar View

Check here – if you would like a courtesy STS casting sock returned with this order