



Prescription Order Form

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_
Clinic Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_
Shoe Type/Size: \_\_\_\_\_ Shoes Enclosed: Yes: [ ] No: [ ] Male: [ ] Female: [ ]

DIAGNOSIS, TREATMENT GOALS, AND SPECIAL INSTRUCTIONS

Describe patient condition:

- [ ] Left
[ ] Right
[ ] Bilateral

Treatment Goals: (see reverse side for product recommendations)
[ ] Limit motion of a joint [ ] Restore motion of a joint
[ ] Decrease load on soft tissues [ ] Restore alignment
[ ] Off-load the plantar surface from ground reaction and shear forces

Special Instructions:

RICHIE BRACE® Prescription Medial and lateral malleoli markings required on cast

Richie Brace® Prescription

Color Options

- [ ] Black (standard)
[ ] White
[ ] Beige

- [ ] Richie Brace® Standard: -full flexion ankle pivot
[ ] Richie Brace® Restricted Ankle Pivot: -limits ankle motion, yet allows smooth contact phase of gait
• Indications: DJD ankle & STJ, dropfoot, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy.
[ ] 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)

Color Options

- [ ] Beige Only

- [ ] Richie Brace® Solid AFO: -Traditional full leg posterior shell w/ balanced functional orthotic footplate
• Indications: Dropfoot with unstable knee, dropfoot with spasticity, Charcot Arthropathy
STS BERMUDA CASTING SOCK REQUIRED

Color Options

- [ ] Tan
[ ] Chocolate

- [ ] Richie California [ ] 7" [ ] 9" (standard)
[ ] Richie Gauntlet [ ] 7" (standard) [ ] 9"
• BOTH GAUNTLET AND CALIFORNIA REQUIRE THE STS MID LEG SOCK / The sock must come up higher than the requested brace height / Has a medial arch suspender unless specified otherwise

RICHIE BRACE® MODIFICATIONS - Note: Non-standard brace modifications may have extra charges - see pricing sheet

- [ ] Medial Arch Suspender\* -Adjustable lifting strap under talo-navicular joint for severe PTTD with cut out in shell
[ ] Lateral Arch Suspender\* -Adjustable lifting strap under calcaneal-cuboid joint for peroneal tendinopathy and severe lateral ankle instability
\*Restricted Ankle Pivot Required

Top Cover

- [ ] EVA (standard)
[ ] Diabetic (Plastizote/Poron)

Length

- [ ] to Mets (standard)
[ ] to Sulcus
[ ] to Toes
[ ] 1/8" poron cushion on extension

Heel Cup

- [ ] 10mm
[ ] 14mm
[ ] 18mm
[ ] 35mm (standard)

Medial Heel Skive

- For severe pronation control
[ ] 2mm
[ ] 4mm
[ ] 6mm

Footplate Accommodation (please mark on cast)

- [ ] Navicular [ ] Fascia Band
[ ] Styloid 5th Met [ ] Other

Footplate Modification

- [ ] Medial Arch Flange
[ ] Lateral Flange

Foot Plate Thickness

- [ ] 3.0mm (standard < 200 lbs)
[ ] 4.0mm (standard > 200 lbs)
[ ] 5.0mm

Extrinsic Posting - Rearfoot

- [ ] Heel Stabilizer Bar (standard)
[ ] Rearfoot Post \_\_\_\_\_°Varus
\_\_\_\_\_°Valgus
[ ] Heel Lift (Requires rearfoot post)
\_\_\_\_\_ (inches)

Other Modifications

- [ ] Crepe Plantar Arch Fill
[ ] Sulcus Wedge \_\_\_\_\_°Varus \_\_\_\_\_°Valgus

Limb Uprights

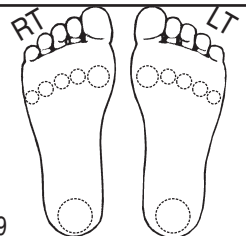
- [ ] Align perpendicular to foot plate (standard)
[ ] Align 10° inverted to foot plate (<10° tibial varum)



6299 Guion Rd. Indianapolis, IN 46268
p. 800-444-3632
f. 800-233-2280
www.alliedosilabs.com
clientservice@aolabs.com



Accommodation location(s): (mark on illustration and on cast or scanned foot)



[ ] Check here for a courtesy (Medium) STS casting sock returned with this order