



Richie Brace® OTC Order Form

ACCOUNT NUMBER _____

ACCOUNT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL (required) _____

PATIENT INFORMATION: optional

PATIENT NAME _____

MALE FEMALE

AGE _____

HEIGHT _____

WEIGHT _____

SHOE SIZE _____

RICHIE BRACE® SELECTION (for patient)

- Left
- Right
- Bilateral

BRACE SPECIFICATIONS

- Full Flexion:
- Permanent Fixed:
- Dynamic Assist:

SIZES

- XS: (W shoe size: 4-6) *NA in Dynamic Assist
- S: (M shoe size: 4-7) (W shoe size: 7-9)
- M: (M shoe size: 8-10) (W shoe size: 10-12)
- L: (M shoe size: 11-13) (W shoe size: 13-15)
- XL: (M shoe size: 14+) (W shoe size: 16+)

Ordering for stock in office: please indicate quantities needed for each brace size below.

L: Full Flexion	R: Full Flexion	L: Permanent Fixed	R: Permanent Fixed	L: Dynamic Assist	R: Dynamic Assist
XS _____	XS _____	XS _____	XS _____	XS _____	XS _____
S _____	S _____	S _____	S _____	S _____	S _____
M _____	M _____	M _____	M _____	M _____	M _____
L _____	L _____	L _____	L _____	L _____	L _____
XL _____	XL _____	XL _____	XL _____	XL _____	XL _____

6299 Guion Rd.
Indianapolis, IN 46268
P: 800.444.3632
F: 888.867.8571
E: clientservice@aolabs.com
www.alliedosilabs.com

*NOTE: 15% re-stocking fee.
 Prices subject to change.*