



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:

Prescription  
Order Form

**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 Foot Plate Thickness**

- Medial Arch Flange       3.0mm (standard < 200 lbs)
- Lateral Flange       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. 888-867-8571  
 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