



Richie Brace® Repair Kit 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 _____

5-Piece Kit: (3 Velcro straps & 2 Upright pads)

Quantity: _____

Strap Length: Short (7") Regular (10") Long (12.4")

Color: Black Beige

Replacement Straps: (3 Velcro straps)

Quantity: _____

Strap Length: Short (7") Regular (10") Long (12.4")

Color: Black Beige

Replacement Upright Pads: (2 Upright pads)

Quantity: _____

Color: Black Beige

Padded Strap (for Velcro straps)

Quantity/Yards: _____

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