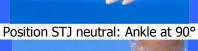


| RICHIE GAUNTLET AFO PRESCRIPTION FORM | | | | | |
|---|--------------|--|--|----------------------|--------------|
| 2 | Doctor Name: | | | | |
| Integrity ORTHOTICS | Address: | | | | |
| www.integrityortho.com | City: | | | State: | Zip: |
| 19113 63RD AVENUE NE, SUITE 4 ARLINGTON WA 98223 Toll Free: 1-866-678-4652 Phone: 360-435-0703 Fax: 360-435-2912 | ACCT#: | | | | |
| | Pt Name: | | | □ Male □ Female Age: | |
| | Height: | | Weight: | Sh | noe Size: |
| | Shoe Type: | | | Shoes Enclosed | : □ Yes □ No |
| | Cast enclose | | Left | Right | B/L |
| PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST! CLINICAL INFORMATION | | | | | |
| DIAGNOSIS: Accommodation location(s): (describe & mark location on cast) | | | | | |
| | | | | | |
| Height: ☐ 7": most versatile height ☐ 9": for maximal rigidity and control Arch Suspender: ☐ Medial (varus force on hindfoot) ☐ Lateral (valgus force on hindfoot) | | | or: an Chocolate | 7" (left) 9 | " (right) |
| □ None | 01100505 | | W. I. IVIO 00050 | | |
| SUGGESTED BILLING CODES | | | | | |
| L1940 Ankle foot orthosis, plastic or other material, custom fabricated L2330 Addition to lower extremity, lacer molded to patient m for custom fabricated orthosis only | | | L2275 Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined L2820 Addition to lower extremity orthosis, soft interface for molded plastic below knee | | |
| CASTING INSTRUCTIONS USING THE STS MID LEG SOCK | | | | | |
| | | | | | |

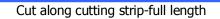


OR: semi weight bearing on foam











Mark medial & lateral mallelous