

Account Name: _____
 Account Number: _____ Clinic Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Patient Name: _____
 Age: _____ Ht: _____ Wt: _____ Shoe Type/Size: _____
 Shoes Enclosed: Yes: No: Male: Female:

DIAGNOSIS

Describe patient condition and sign.

RICHIE BRACE® Prescription Please mark medial, lateral malleoli and accommodations 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)
- Little Richie Brace® - Pediatric application for shoe size 4 and under
- Richie Soccer Brace® - Includes shin guard
- Richie Brace Ultra™ Modification (provide height/weight above)

- 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 / Has a medial arch suspender unless specified other wise

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
- Lateral Arch Suspender -Adjustable lifting strap under calcaneal-cuboid joint for peroneal tendinopathy and severe lateral ankle instability
- Posterior Upright Connector -Connects uprights to stiffen brace (Arch suspenders require either a restricted ankle pivot or a posterior upright connector)

Top Cover	Length	Heel Cup	Medial Heel Skive
<input type="checkbox"/> EVA (standard)	<input type="checkbox"/> to Mets (standard)	<input type="checkbox"/> 10mm	For severe pronation control
<input type="checkbox"/> Terryco	<input type="checkbox"/> to Sulcus	<input type="checkbox"/> 14mm	<input type="checkbox"/> 2mm
<input type="checkbox"/> Diabetic (Plastizote/Poron)	<input type="checkbox"/> to Toes	<input type="checkbox"/> 18mm	<input type="checkbox"/> 4mm
	<input type="checkbox"/> 1/8" poron cushion on extension	<input type="checkbox"/> 35mm (standard)	<input type="checkbox"/> 6mm
Footplate Accommodation (please mark on cast)	Footplate Modification	Foot Plate Thickness	Extrinsic Posting - Rearfoot
<input type="checkbox"/> Navicular <input type="checkbox"/> Fascia Band	<input type="checkbox"/> Medial Arch Flange	<input type="checkbox"/> 3.0mm (standard < 200 lbs)	<input type="checkbox"/> Heel Stabilizer Bar (standard)
<input type="checkbox"/> Styloid 5th Met <input type="checkbox"/> Other	<input type="checkbox"/> Lateral Flange	<input type="checkbox"/> 4.0mm (standard > 200 lbs)	<input type="checkbox"/> Rearfoot Post _____° Varus _____° Valgus
		<input type="checkbox"/> 5.0mm	<input type="checkbox"/> Heel Lift (Requires rearfoot post) _____ (inches)
Other Modifications		Limb Uprights	
<input type="checkbox"/> Crepe Plantar Arch Fill		<input type="checkbox"/> Align perpendicular to foot plate (standard)	
<input type="checkbox"/> Sulcus Wedge _____° Varus _____° Valgus		<input type="checkbox"/> Align 10° inverted to foot plate (<10% tibial varum)	

Special Instructions:

Accommodation location(s):
 (mark on illustration and on cast)

