




RICHIE BRACE PRESCRIPTION FORM

 <p>4050 NW 126th Ave, #110 Coral Springs, FL 33065 1-800-298-6050</p>	DOCTOR & PATIENT INFORMATION	
	Practitioner Name: _____ Address: _____ State: _____ Zip: _____ City: _____ ACCT#: _____	
	Patient Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Height: _____ Weight: _____ Shoe Size: _____ Shoe Type: _____ Shoes Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No Cast enclosed for <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!	


CLINICAL INFORMATION	
DIAGNOSIS:	Stance Evaluation Calcaneus alignment to leg: _____° inverted or _____° everted Leg alignment to floor: _____° varum or _____° valgum

RICHIE BRACE® PRESCRIPTION		
<input type="checkbox"/> RICHIE BRACE® (standard): Full Flexion Ankle Hinge Pivot. <i>Can include enhancements for Posterior Tibial Tendon Dysfunction (check any or all):</i> Medial Heel Skive <input type="checkbox"/> 4mm <input type="checkbox"/> 6mm Navicular Accommodation <input type="checkbox"/> (please mark negative cast) Adjust Limb Uprights for Tibial Varum <input type="checkbox"/> Yes <input type="checkbox"/> No (see measurements above) FOR SEVERE PTTD, RECOMMENDED MEDIAL ARCH SUSPENDER (SEE BELOW) SPECIAL MODIFIED VERSIONS OF STANDARD RICHIE BRACE®: <input type="checkbox"/> RICHIE SOCCER BRACE® - Includes shin guard. <input type="checkbox"/> LITTLE RICHIE BRACE® - Pediatric application for shoe size 4 and under.		
<input type="checkbox"/> RICHIE BRACE® RESTRICTED ANKLE PIVOT: Limits ankle motion, yet allows smooth contact phase of gait. <i>Indications: DJD ankle & STJ, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy.</i> ENHANCEMENTS (optional): <input type="checkbox"/> MEDIAL ARCH SUSPENDER – Adjustable lifting strap under talo-navicular joint for severe PTTD <input type="checkbox"/> LATERAL ARCH SUSPENDER – Adjustable lifting strap under calcaneal-cuboid joint for peroneal tendinopathy and severe lateral ankle instability.		
<input type="checkbox"/> RICHIE BRACE® DYNAMIC ASSIST: Full flexion pivot with spring hinges for dorsiflexion assist. <i>Patient requirements: 1. Dropfoot 2. Ankle dorsiflexion to at least 90° to leg 3. Stable knee (must have all 3)</i>		
<input type="checkbox"/> RICHIE BRACE® SOLID AFO: Traditional full leg posterior shell w/balanced functional orthotic footplate. <i>Indications: Dropfoot with unstable knee, dropfoot with spasticity, Charcot Arthropathy.</i>		
ALL RICHIE BRACES® HAVE THE FOLLOWING STANDARD FEATURES:		
<input type="checkbox"/> Top Cover – Implus® <input type="checkbox"/> Color – Black <input type="checkbox"/> Heel Cup – 35mm	<input type="checkbox"/> Cover Length - Mets <input type="checkbox"/> Orthotic Foot Plate – Intrinsic Balance to Perpendicular	<input type="checkbox"/> Limb Uprights Supports – Aligned Perpendicular to Foot Plate <input type="checkbox"/> Heel Stabilizer Bar - Included
COLOR OPTION - <input type="checkbox"/> FLESH TONE <input type="checkbox"/> WHITE		

Your prescription is now complete, unless you wish to make any modifications:

RICHIE BRACE® MODIFICATIONS			
NOTE: NON-STANDARD BRACE MODIFICATIONS MAY HAVE EXTRA CHARGES – SEE PRICING SHEET			
Top Cover <input type="checkbox"/> Implus (standard) <input type="checkbox"/> Spenco <input type="checkbox"/> EVA <input type="checkbox"/> Diabetic (Plastazote/Poron)	Length <input type="checkbox"/> to Mets (standard) <input type="checkbox"/> to Sulcus <input type="checkbox"/> to Toes <input type="checkbox"/> add poron cushion to extension	Heel Cup <input type="checkbox"/> 10 mm <input type="checkbox"/> 14 mm <input type="checkbox"/> 18 mm <input type="checkbox"/> 35 mm (standard)	Medial Heel Skive For severe pronation control <input type="checkbox"/> 2mm <input type="checkbox"/> 4mm <input type="checkbox"/> 6mm

CAST AND ORTHOTIC MODIFICATIONS		
<input type="checkbox"/> Heel Lift _____ (inch) <input type="checkbox"/> Add Medial Arch Flange <input type="checkbox"/> Add Lateral Clip	<input type="checkbox"/> Orthotic Plate Accommodation (please mark on cast) <input type="checkbox"/> Navicular <input type="checkbox"/> Medial Fascia Band <input type="checkbox"/> Styloid 5 th Met <input type="checkbox"/> Other: _____	Forefoot Posting _____° Varus _____° Valgus Note: Not recommended as this will tilt entire brace to exact degree of posting.

SPECIAL INSTRUCTIONS:	Accommodation location(s): (mark on illustration and on cast)	
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Check here if requesting replacement STS casting sock Sm Med Lg XL