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|  <p>4050 NW 126th Ave, #110 Coral Springs, FL 33065 1-800-298-6050</p> | DOCTOR & PATIENT INFORMATION | | |
| | Practitioner Name: _____ | | |
| | Address: _____ | | |
| | City: _____ | State: _____ | Zip: _____ |
| | ACCT#: _____ | | |
| | Patient Name: _____ | | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ | | |
| | Height: _____ | Weight: _____ | Shoe Size: _____ |
| <input type="checkbox"/> Check here if patient is Medicare Eligible 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! | | | |

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| DIAGNOSIS: | RICHIE BRACE ULTRA™ MODIFICATION |
| | Richie Brace Ultra™ Modification: Check to modify any brace ordered below for Medicare 2013 Compliance: <input type="checkbox"/> Richie Brace Ultra™ Modification (provide height/weight above) STS Mid-leg casting sock recommended |
| | RICHIE BRACE® PRESCRIPTION |

RICHIE BRACE® (standard): Full Flexion Ankle Hinge Pivot.
 Can include enhancements for Posterior Tibial Tendon Dysfunction (check any or all):
 Medial Heel Skive 4mm 6mm Navicular Accommodation (please mark negative cast)
 Adjust Limb Uprights for Tibial Varum Yes No (see measurements above)
 FOR SEVERE PTTD, RECOMMENDED MEDIAL ARCH SUSPENDER (SEE BELOW)
SPECIAL MODIFIED VERSIONS OF STANDARD RICHIE BRACE®:
 RICHIE SOCCER BRACE® - Includes shin guard.
 LITTLE RICHIE BRACE® - Pediatric application for shoe size 4 and under.

RICHIE BRACE® RESTRICTED ANKLE PIVOT: Limits ankle motion, yet allows smooth contact phase of gait.
 Indications: DJD ankle & STJ, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy.
ENHANCEMENTS (optional):
 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.

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)**

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

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| <input type="checkbox"/> RICHIE GAUNTLET® <input type="checkbox"/> 7" <input type="checkbox"/> 9" <input type="checkbox"/> RICHIE CALIFORNIA® GAUNTLET AND CALIFORNIA COLOR OPTION - <input type="checkbox"/> TAN <input type="checkbox"/> CHOCOLATE | Both The Richie Gauntlet and The Richie California require the STS mid leg sock |
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ALL RICHIE BRACES® HAVE THE FOLLOWING STANDARD FEATURES:

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| ♦ Top Cover – Implus® ♦ Color – Black ♦ Heel Cup – 35mm | ♦ Cover Length - Mets ♦ Orthotic Foot Plate – Intrinsic Balance to Perpendicular | ♦ Limb Uprights Supports – Aligned Perpendicular to Foot Plate ♦ Heel Stabilizer Bar - Included |
| COLOR OPTION - <input type="checkbox"/> FLESH TONE <input type="checkbox"/> WHITE | | |


RICHIE BRACE® MODIFICATIONS

NOTE: NON-STANDARD BRACE MODIFICATIONS MAY HAVE EXTRA CHARGES – SEE PRICING SHEET

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| 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 |
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CAST AND ORTHOTIC MODIFICATIONS

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| <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. |
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| SPECIAL INSTRUCTIONS: | Accommodation location(s): (mark on illustration and on cast) |  |
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