



800.298.6050
SureFitLab.com

Richie Brace Order Form

Account Number: _____
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Patient Name: _____
 Wt: _____ Shoe Size: _____ DOB (mm/dd/yyyy) _____
 Male: Female: Make brace for: _____

Read carefully: Please download this file to your computer and open it from that file's location to use all interactive options. Only highlighted fields are required. If no selection is made to non-required options, the standard options will be used.

Diagnosis: Describe Patient Condition

Richie Brace Prescription | Please mark medial, lateral malleoli and accommodations on cast

Complete Sections A, B, C	<input type="checkbox"/> Richie Brace Standard: Full flexion ankle pivot <input type="checkbox"/> Richie Brace Restricted Ankle Pivot: Limits ankle motion, yet allows smooth contact phase of gait Indic: DJD ankle & STJ, drop foot, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy <input type="checkbox"/> Richie Brace Dynamic Assist: Full flexion pivot with spring hinges for dorsiflexion assist Patient requirements: 1) Drop foot, 2) Ankle dorsiflexion to at least 90° to leg, 3) Stable knee <input type="checkbox"/> Little Richie Brace: Pediatric application for shoe size 4 and under <input type="checkbox"/> Richie Soccer Brace: includes shin guard
Complete Sections C, D, E	<input type="checkbox"/> Richie Brace Solid AFO: Traditional full leg posterior shell with balanced functional orthotic footplate Indic: Drop foot with unstable knee, drop foot with spasticity, Charcot Arthropathy BERMUDA CAST SOCK REQUIRED
Complete Sections D, E	<input type="checkbox"/> Richie California*: <input type="checkbox"/> 7" <input type="checkbox"/> 9" (standard) <input type="checkbox"/> Richie Gauntlet*: <input type="checkbox"/> 7" (Standard) <input type="checkbox"/> 9" *BOTH GAUNTLET AND CALIFORNIA REQUIRE MID LEG CAST / Has a medial arch suspender unless specified otherwise.

A) Brace Options | Non-standard brace modifications may have extra charges

Calcaneus alignment to leg:
 Inverted _____ Everted _____

Width:

Strength:

Heel Cup:

? **Brace Type:**

Leg Alignment to floor:
 Varum _____ Valgum _____

Facial Groove:

Navicular:

Styloid:

Brace Color:

? **Arch Suspender:** **Flanges:**
 Left: Medial Lateral Medial:
 Right: Medial Lateral Lateral:

Skives: **Shell Length:**
 Left: Left:
 Right: Right:

Padded Strap: **Custom Upright:**
 Left:
 Posterior Right:
 Adjust Uprights For Tibial Varum
 Rocker Bottom

Custom Upright Pad: **Grind out 1st:**
 Left: Left:
 Right: Right:

B) Posting Options

Forefoot Wedge:
 Left: Varus/Valgus:

Rearfoot Posting
 Left Inv: Motion:

Heel Lift
 Left:

Plantar Fill
 Material Type:

Right: Varus/Valgus:

Right Inv: Motion:

Right:

Left: Right:

Use Minimum Fill:

C) Cover Options

Cover:

Top Cover:

 Extension:

Ext. Reinforce:

Padded Cover:

Bottom Cover:

Metatarsal Pad or Bar:

Left: Right:

Toe Crest:

Medial Flip:

 **IPJ Accommodation**

Left: Right:

Heelspur Accommodation:

Left: Right:

 **Morten's Extension**

Left: Right:

 **Balance Pad:**

Left: Right:

Arch Pad:

Left: Right:

ForeFoot Accommodations

Left: 1st: 2nd: 3rd: 4th: 5th:

Right: 1st: 2nd: 3rd: 4th: 5th:

Toe Fillers:

Left:  1st: 2nd: 3rd: 4th: 5th:

Right: 1st: 2nd: 3rd: 4th: 5th:

D) Solid AFO, California & Gauntlet Brace Options | Non-standard brace modifications may have extra charges

Calcaneus alignment to leg:

Inverted _____ Everted _____

Leg Alignment to floor:

Varum _____ Valgum _____

Arch Suspender:

Left: Medial Lateral

Right: Medial Lateral

Width:

Facial Groove:

Styloid:

Flanges:

Medial:

Lateral:

 **Navicular:**

Brace Color:

Skives:

Left:

Right:

E) Solid AFO, California & Gauntlet Posting Options

Rearfoot Posting

Left Inv: Motion:

Right Inv: Motion:

Heel Lift

Left:

Right:

Do not ship Richie Brace casts to SureFit. We will provide the shipping details with the **required order summary**.

Please email this form to:

SureFitAFO@Hanger.com

Have a question? Call us at 800.298.6050.