

RICHIE BRACE® PRESCRIPTION FORM



4050 NW 126th Ave. #110
Coral Springs, FL 33065
1-800-298-6050

DOCTOR & PATIENT INFORMATION

Practitioner Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 ACCT#: _____

Patient ID: _____ Male Female Age: _____
 Height: _____ Weight: _____ Shoe Size: _____
 Shoe Type: _____ Shoes Enclosed: Yes No

Check here if patient is Medicare Eligible
 Cast enclosed for Left Right B/L
PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!

RICHIE BRACE ULTRA™ MODIFICATION

DIAGNOSIS: _____
 Richie Brace Ultra Modification: Check to modify any brace ordered below for Medicare 2013 Compliance:
 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. (Ankle foot orthosis, plastic with ankle joint, custom-fabricated)
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. (Ankle foot orthosis, plastic with ankle joint, custom-fabricated)
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. (Ankle foot orthosis, plastic with ankle joint, custom-fabricated)
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

RICHIE GAUNTLET® 7" 9"
 RICHIE CALIFORNIA®
GAUNTLET AND CALIFORNIA COLOR OPTION TAN CHOCOLATE
 Both The Richie Gauntlet and The Richie California require the STS mid leg sock

ALL RICHIE BRACES® HAVE THE FOLLOWING STANDARD FEATURES:

<ul style="list-style-type: none"> ◆ Top Cover – Implus® ◆ Color – Black ◆ Heel Cup – 35mm 	<ul style="list-style-type: none"> ◆ Cover Length - Mets ◆ Orthotic Foot Plate – Intrinsic Balance to Perpendicular 	<ul style="list-style-type: none"> ◆ Limb Uprights Supports – Aligned Perpendicular to Foot Plate ◆ Heel Stabilizer Bar - Included
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COLOR OPTION - FLESH TONE WHITE

RICHIE BRACE® MODIFICATIONS

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

Top Cover	Length	Heel Cup	Medial Heel Skive
<input type="checkbox"/> Implus (standard)	<input type="checkbox"/> to Mets (standard)	<input type="checkbox"/> 10 mm	For severe pronation control
<input type="checkbox"/> Spenco	<input type="checkbox"/> to Sulcus	<input type="checkbox"/> 14 mm	<input type="checkbox"/> 2mm
<input type="checkbox"/> EVA	<input type="checkbox"/> to Toes	<input type="checkbox"/> 18 mm	<input type="checkbox"/> 4mm
<input type="checkbox"/> Diabetic (Plastazote/Poron)	<input type="checkbox"/> add poron cushion to extension	<input type="checkbox"/> 35 mm (standard)	<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.
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SPECIAL INSTRUCTIONS: _____

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

Check here if requesting replacement STS casting sock Sm Med Lg XL