




RICHIE BRACE PRESCRIPTION FORM

 <p>246 Columbus Avenue Roselle, NJ 07203 1.888.523.1600 1.908.259.9105 (Fax) E-Mail: comfortfitlabs@aol.com www.comfortfitlabs.com</p>	DOCTOR & PATIENT INFORMATION	
	Doctor's Name: _____ Address: _____ City: _____	Date: _____ State: _____ Zip: _____ Account #: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____
	Patient's Name: _____ 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

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.

ALL RICHIE BRACES® HAVE THE FOLLOWING STANDARD FEATURES:

◆ Top Cover – Implus®	◆ Cover Length - Mets	◆ Limb Uprights Supports – Aligned Perpendicular to Foot Plate
◆ Color – Black	◆ Orthotic Foot Plate – Intrinsic Balance to Perpendicular	◆ Heel Stabilizer Bar - Included
◆ Heel Cup – 35mm		

COLOR OPTION - FLESH TONE 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	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)	
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