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Date MM...../DD...../YYYY.....

**Clinician**

Account Name/Number .....  
Location .....  
PO Number .....  
Clinician .....  
Contact me before processing

**Patient**

First Name .....  
Last Name .....  
Gender: M      F      DOB MM...../DD...../YYYY.....  
Height ..... Weight ..... Shoe size .....  
Dx .....  
Ship to Patient .....  
Street Address .....  
City .....  
State ..... Zip .....

**RICHIE BRACE® Prescription**

**AeroSpring Achilles Offloading System**

Carbon Fiber AFO, one pair custom foot orthosis, one pair of 20mm graduated heel wedges in 10mm increments



**AeroSpring Plantar Fascia Offloading System**

Carbon Fiber AFO, one pair custom foot orthosis, one pair of 10mm graduated heel wedges.



**AeroSpring Midfoot Offloading System**

Carbon Fiber AFO, one pair custom foot orthosis, one pair of 10mm graduated heel wedges.



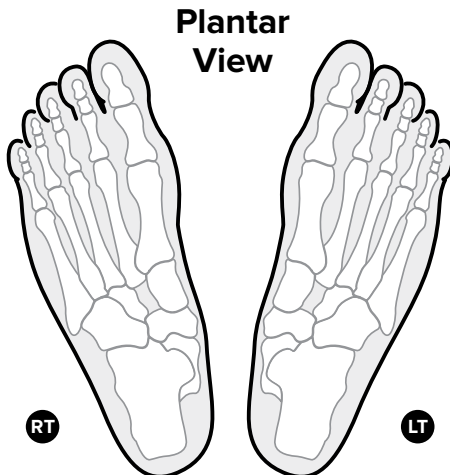
**AeroSpring Dropfoot Stability System**

Carbon Fiber AFO, one pair custom foot orthosis, No heel wedges are recommended for this system



**Carbon Fiber AFO for**

Right  
Left



**Special Instructions:**