

CLINICIAN

1 REQUIRED



Custom Richie Brace Order Form

Account Location
 PO Number
 Clinician
 Clinician Email

Tel: 1-877-767-3338
 Fax: 1-866-919-9268
 www.kevinrootmedical.com
 hello@kevinrootmedical.com

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

Contact me to review Order Form

Rush order due date:
/...../.....
 MM DD YYYY

PATIENT

2 REQUIRED

Patient's Email
 First Name
 Last Name
 DOB/...../..... Sex: M F Weight Height Shoe Size
 MM DD YYYY

Ship to Patient
 Street Address
 City State Zip

DIAGNOSIS

3 REQUIRED

Describe patient condition

RICHIE BRACE® PRESCRIPTION

4 REQUIRED

Richie Brace® Standard
 Full flexion ankle pivot



Color Options: Black White Beige
 Brace(s) needed: Left Right Bilateral (L+R)

Richie Brace® Restricted Ankle Pivot
 Limits ankle motion, yet allows smooth contact phase of gait



Color Options: Black White Beige
 Brace(s) needed: Left Right Bilateral (L+R)

Indications:
 • DJD ankle & STJ
 • Dropfoot
 • Tarsal coalition
 • Mild Charcot
 • Lateral ankle instability
 • Peroneal tendinopathy

Richie Brace® Dynamic Assist
 Full flexion pivot with spring hinges for dorsiflexion assist



Color Options: Black White Beige
 Brace(s) needed: Left Right Bilateral (L+R)

Patient requirements (must have all 3):
 1. Dropfoot
 2. Ankle dorsiflexion to at least 90° to leg
 3. Stable knee

RICHIE BRACE® MODIFICATIONS

5 REQUIRED

Non-standard brace modifications may have extra charges - see pricing sheet

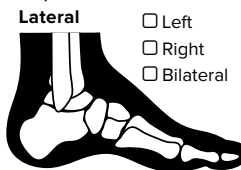
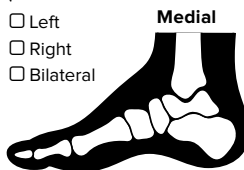
Medial Arch Suspender - Adjustable lifting strap under talo-navicular joint for severe PTTD
 Lateral Arch Suspender - Adjustable lifting strap under calcaneal-cuboid joint for peroneal tendinopathy and severe lateral ankle instability
 Posterior Upright Connector - Connects uprights to stiffen brace (Arch suspenders require either a restricted ankle pivot or a posterior upright connector)

Top Cover	Length	Heel cup	Medial Heel Skive
EVA (standard)	to Mets (standard)	10mm	For severe pronation control
Terryco	to Sulcus	14mm	2mm
Diabetic (Plastazote®/PORON®)	to Toes	18mm	4mm
	1/8" PORON® cushion on extension	35mm (standard)	6mm
Footplate Accommodation	Footplate Modification	Foot Plate Thickness	Extrinsic Posting - Rearfoot
Navicular	Medial Arch Flange	3mm (standard < 200 lbs)	Heel Stabilizer Bar (standard)
Styloid 5th Met	Lateral Flange	4mm (standard > 200 lbs)	Rearfoot Post
Fascia Band		5mm	____° Varus ____° Valgus
Other _____			Heel Lift (Requires rearfoot post)
			____ inches
Other Modifications	<input type="checkbox"/> Crepe Plantar Arch Fill <input type="checkbox"/> Sulcus Wedge ____° Varus ____° Valgus		
Limb Uprights	<input type="checkbox"/> Align perpendicular to foot plate (standard) <input type="checkbox"/> Align 10° inverted to foot plate (<10% tibial varum)		

Special Instructions:

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

Left
 Right
 Bilateral



Left
 Right
 Bilateral

