

CLINICIAN

1 REQUIRED

Account Location

PO Number

Clinician

Clinician Email



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 Fax: 1-866-919-9268
 www.kevinrootmedical.com
 hello@kevinrootmedical.com



Custom Richie Brace Order Form

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

Ship to Patient

Street Address

City State Zip

DIAGNOSIS

3 REQUIRED

Describe patient condition

RICHIE BRACE® PRESCRIPTION

4 REQUIRED

<p><input type="checkbox"/> Richie Brace® Standard Full flexion ankle pivot</p>  <p>Color Options: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Beige Brace(s) needed: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral (L+R)</p>	<p><input type="checkbox"/> Richie Brace® Restricted Ankle Pivot Limits ankle motion, yet allows smooth contact phase of gait</p> <p>Indications:</p> <ul style="list-style-type: none"> • DJD ankle & STJ • Dropfoot • Tarsal coalition • Mild Charcot • Lateral ankle instability • Peroneal tendinopathy  <p>Color Options: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Beige Brace(s) needed: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral (L+R)</p>	<p><input type="checkbox"/> Richie Brace® Dynamic Assist Full flexion pivot with spring hinges for dorsiflexion assist</p> <p>Patient requirements (must have all 3):</p> <ol style="list-style-type: none"> 1. Dropfoot 2. Ankle dorsiflexion to at least 90° to leg 3. Stable knee  <p>Color Options: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Beige Brace(s) needed: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral (L+R)</p>
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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)

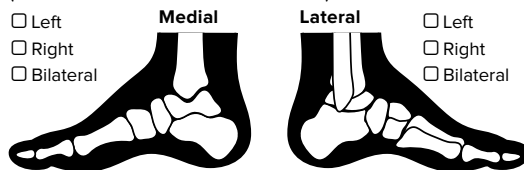
Top Cover	Length	Heel cup	Medial Heel Skive
EVA (standard)	to Mets (standard)	10mm	For severe pronation control
Terryco	to Sulcus	14mm	2mm
Diabetic (Plastazote®/PORON®)	to Toes	18mm	4mm
	1/8" PORON® cushion on extension	35mm (standard)	6mm
Footplate Accommodation	Footplate Modification	Foot Plate Thickness	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

Medial **Lateral**



Plantar View

RT **LT**

