

RICHIE BRACE® PRESCRIPTION FORM

Doctor Name: Address: Zip: Address: Zip: Address: Zip: Address: Zip: Address: Zip: Address: Zip: ACCT#: Patient Name: Adjustable Age: AcCT#: Address: AcCT#: Address: AcCT#: Ac	INTEGRITY ORTHOTICS			& PATIENT INFORMATION		
Tolling Toll	INTEGRITY ORTHOTICS	Doctor Name:				
FAX: 360-435-2912 19113 - 63**0 AVENUE NE SUITE 4 ARLINGTON, WA 98223 Height: Shoe Size:						
Patient Name: Patient Name: Patient Name: Patient Name: Weight: Shoe Size: Calf Measurement: Calf Measurement: Weight: Shoe Size: Calf Measurement: Calf Measurement: Weight: Shoe Size: Calf Measurement: Calf Measurement: Calf Measurement: Weight: Shoe Size: Calf Measurement: Calf Measurement: Weight: Shoe Size: Calf Measurement: Calf Measurement: Calf Measurement: Calf Measurement: Calf Measurement: Calf Media	TOLL FREE: 866-678-4652			State: Zip:		
Patient Name: Suttre 4 ARLINGTON, WA 98223	FAX: 360-435-2912	ACCT#:				
ARLINGTON, WA 98223 Weight: Shoe Size:	19113 – 63 RD AVENUE NE	Patient Name:				
Medial Head Skive Height: Medial Residence		□ Male □ Fer	male	Age:		
Check here if patient is Medicare Eligible	ARLINGTON, WA 98223	Height:	Weight:			
Cast enclosed for □ Left □ Right □ BJL. PLEASE MARK MEDIAL AND LATERAL MALLECLI ON NEGATIVE CAST! 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 Ultra™ Modification (provide height/weight above) STS Mid-leg casting sock recommended RICHIE BRACE® PRESCRIPTION Richie Brace Ultra™ Modification (provide height/weight above) STS Mid-leg casting sock recommended RICHIE BRACE® PRESCRIPTION Medial Heel Skive □ 4mm □ 6mm Adjust Limb Uprights for Tibial Varum □ Yes □ No (see measurements above) FOR SEVERE PITTO, RECOMMENDED MEDIAL ARCH SUSPENDER (SEE BELOW) SPECIAL MODIFIED VERSIONS OF STANDARD RICHIE BRACE®: □ RICHIE SOCCER BRACE® - Includes shin guard. □ LITTLE RICHIE BRACE® - Includes shin guard. □ LITTLE RICHIE BRACE® TESTRICTED ANKLE PIVOT: Limits ankie motion, yet allows smooth contact phase of gait. Indications: DJD ankle & STJ, trast coalition, mild Charcot, lateral ankie instability, peroneal tendinopathy. □ 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® 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® HAVE THE FOLLOWING STANDARD FEATURES: + Crower - Implus® □ RICHIE BRACE® HAVE THE FOLLOWING STANDARD FEATURES: + Crower - Implus® □ RICHIE BRACE® HAVE THE FOLLOWING STANDARD FEATURES: + Crower - Implus® □ RICHIE BRACE® HAVE THE FOLLOWING STANDARD FEATURES: + Crower - Implus® □ RICHIE BRACE® HAVE THE FOLLOWING STANDARD FEATURES: + Crower - Implus® □ RICHIE BRACE® HAVE THE FOLLOWING STANDARD FEATURES: + Crower Length - Modial Feacia Band Network of the Strope Prom	WWW.INTEGRITYORTHO.COM					
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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 Ultra ** Modification (provide height/weight above) STS Mid-leg casting sock recommended Richie Brace Ultra ** Modification (provide height/weight above) STS Mid-leg casting sock recommended Richie Brace Ultra ** Modification (provide height/weight above) STS Mid-leg casting sock recommended Richie Brace Ultra ** Modification (provide height/weight above) STS Mid-leg casting sock recommended Richie Brace ** Includes ship ugand.						
ordered below for Medicare 2013 Compliance: □ RiChie Brace Ultra™ Modification (provide height/weight above) STS Mid-leg casting sock recommended 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 PITD, RECOMMENDED MEDIAL ARCH SUSPENDER (SEE BELOW) SPECIAL MODIFIED VERSIONS OF STANDARD RICHIE BRACE®: □ RICHIE SOCCER BRACE® - Includes shin guard. □ LITTLE RICHIE BRACE® Presidence application for shoe size 4 and under. □ RICHIE BRACE® RESTRICTED ANKLE PIVOT: Limits ankle motion, yet alliows smooth contact phase of gait. Indications: DJD ankle & STJ, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy. □ RICHIE BRACE® STRICTED ANKLE PIVOT: Limits ankle motion, yet alliows smooth contact phase of gait. Indications: DJD ankle & STJ, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy. □ MEDIAL ARCH SUSPENDER - Adjustable lifting strap under calcaneal-cuboid 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 wibalanced functional orthotic footplate. Indications: Dropfoot with unstable knee, dropfoot with spasticity, Charcot Arthropathy. STS Bermuda Casting Sock Required □ RICHIE GAUNTLET® □ RICHIE GAUNTLET® □ RICHIE BRACE® HAVE THE FOLLOWING STANDARD FEATURES: + Cover Length - Metis Balance to Perpendicular A Child BRACE® MODIFICATIONS MAY HAVE EXTRA CHARGES - SEE PRICING SHEET A Child BRACE®	DIACNOSIS:					
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Can include enhancements for Posterior Tiblal Tendon Dysfunction (check any or all): Medial Heel Skive Amm Smm Navicular Accommodation (please mark negative cast)	(R)			RICHIE BRACE PRESCRIPTION		
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Adjust Limb Uprights for Tibial Varum						
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□ RICHIE GAUNTLET® □ 7" □ 9" □ RICHIE CALIFORNIA® GAUNTLET AND CALIFORNIA COLOR OPTION - □ TAN □ CHOCOLATE ALL RICHIE BRACES® HAVE THE FOLLOWING STANDARD FEATURES: ◆ Top Cover - Implus® ◆ Color - Black ◆ Heel Cup - 35mm COLOR OPTION - □ FLESH TONE □ WHITE RICHIE BRACE® MODIFICATIONS			vitri spasticity, Charco	от Апторатпу.		
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ALL RICHIE BRACES® HAVE THE FOLLOWING STANDARD FEATURES: Top Cover - Implus® Color - Black Heel Cup - 35mm COLOR OPTION - □ FLESH TONE RICHIE BRACE® MODIFICATIONS NOTE: NON-STANDARD BRACE MODIFICATIONS MAY HAVE EXTRA CHARGES - SEE PRICING SHEET Top Cover						
↑ Top Cover - Implus®						
Color - Black Heel Cup - 35mm Balance to Perpendicular Heel Stabilizer Bar - Included RICHIE BRACE® MODIFICATIONS						
Heel Cup - 35mm	•					
COLOR OPTION - FLESH TONE WHITE						
RICHIE BRACE® MODIFICATIONS	♦ Heel Cup – 35mm	Balance	to Perpendicular			
NOTE: NON-STANDARD BRACE MODIFICATIONS MAY HAVE EXTRA CHARGES – SEE PRICING SHEET Top Cover	-			♦ Heel Stabilizer Bar - Included		
Top Cover	-	NE WHITE				
Implus (standard)	COLOR OPTION -			HIE BRACE [®] MODIFICATIONS		
□ Spenco □ to Sulcus □ 14 mm □ 2mm □ 4mm □ 35 mm (standard) □ 6mm CAST AND ORTHOTIC MODIFICATIONS □ Heel Lift □ (inch) □ Add Medial Arch Flange □ Navicular □ Medial Fascia Band □ Styloid 5 th Met □ Other: SPECIAL INSTRUCTIONS: □ Accommodation Iocation(s):	COLOR OPTION - ☐ FLESH TO NOTE: NON-STANDARD BRACE MO	DIFICATIONS MAY H	IAVE EXTRA CHARGE	HIE BRACE® MODIFICATIONS S – SEE PRICING SHEET		
□ EVA □ to Toes □ 18 mm □ 4mm □ 35 mm (standard) □ 6mm CAST AND ORTHOTIC MODIFICATIONS □ Heel Lift □ (inch) □ Add Medial Arch Flange □ Navicular □ Medial Fascia Band □ Styloid 5 th Met □ Other: □ SPECIAL INSTRUCTIONS: □ Accommodation Iocation(s):	NOTE: NON-STANDARD BRACE MO Top Cover	DIFICATIONS MAY H	IAVE EXTRA CHARGE Heel	HIE BRACE [®] MODIFICATIONS S - SEE PRICING SHEET Cup Medial Heel Skive		
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☐ Heel Lift (inch) ☐ Orthotic Plate Accommodation (please mark on cast) Forefoot Posting ° Varus ° Valgus Note: ☐ Add Medial Arch Flange ☐ Navicular ☐ Medial Fascia Band ☐ Styloid 5 th Met ☐ Other: ☐ Orthotic Plate Accommodation Note: ☐ Styloid 5 th Met ☐ Other: ☐ Orthotic Plate Accommodation Note: Note: Not recommended as this will tilt entire brace to exact degree of posting Note: Not recommended as this will tilt entire brace to exact degree of posting Note: Note: Not recommended as this will tilt entire brace to exact degree of posting Note:	NOTE: NON-STANDARD BRACE MO Top Cover □ Implus (standard) □ Spenco	DIFICATIONS MAY F Length ☐ to Mets (standard) ☐ to Sulcus	HAVE EXTRA CHARGE Heel □ 10 □ 14	HIE BRACE® MODIFICATIONS S – SEE PRICING SHEET Cup Medial Heel Skive mm For severe pronation control mm □ 2mm		
Geroof Posting Varius Va	NOTE: NON-STANDARD BRACE MO Top Cover Implus (standard) Spenco EVA	DIFICATIONS MAY Fength to Mets (standard) to Sulcus to Toes	HAVE EXTRA CHARGE	HIE BRACE® MODIFICATIONS S – SEE PRICING SHEET Cup Medial Heel Skive mm For severe pronation control mm □ 2mm mm □ 4mm mm □ 4mm mm (standard) □ 6mm		
□ Add Medial Arch Flange □ Add Lateral Clip □ Navicular □ Styloid 5 th Met □ Other: Note: Not recommended as this will tilt entire brace to exact degree of posting till entire brace to exact degree of posting tilt entire brace to exact degree	NOTE: NON-STANDARD BRACE MO Top Cover Implus (standard) Spenco EVA Diabetic (Plastazote/Poron)	DIFICATIONS MAY Fength ☐ to Mets (standard) ☐ to Sulcus ☐ to Toes ☐ add poron cushion to	HAVE EXTRA CHARGE	HIE BRACE® MODIFICATIONS S – SEE PRICING SHEET Cup Medial Heel Skive mm For severe pronation control mm □ 2mm mm □ 4mm mm □ 4mm mm (standard) □ 6mm		
Add Lateral Clip Styloid 5 th Met Other: Not recommended as this will tilt entire brace to exact degree of posting SPECIAL INSTRUCTIONS: Accommodation location(s):	NOTE: NON-STANDARD BRACE MO Top Cover Implus (standard) Spenco EVA Diabetic (Plastazote/Poron) Heal Lift (inch) Orthor	DIFICATIONS MAY Fength to Mets (standard) to Sulcus to Toes add poron cushion to	HAVE EXTRA CHARGE Heel 10 10 14 18 to extension 35 CAST A	HIE BRACE® MODIFICATIONS SS - SEE PRICING SHEET Cup Medial Heel Skive mm For severe pronation control mm □ 2mm mm □ 4mm mm (standard) □ 6mm AND ORTHOTIC MODIFICATIONS		
SPECIAL INSTRUCTIONS: Accommodation location(s):	NOTE: NON-STANDARD BRACE MO Top Cover I	DIFICATIONS MAY Facength to Mets (standard) to Sulcus add poron cushion to tic Plate Accommodise mark on cast)	HAVE EXTRA CHARGE Heel	HIE BRACE® MODIFICATIONS SS - SEE PRICING SHEET Cup Medial Heel Skive mm For severe pronation control mm □ 2mm mm □ 4mm mm (standard) □ 6mm AND ORTHOTIC MODIFICATIONS		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NOTE: NON-STANDARD BRACE MO Top Cover Implus (standard) Spenco EVA Diabetic (Plastazote/Poron) Heel Lift (inch) Add Medial Arch Flange Add Lateral Clip	DIFICATIONS MAY Facength to Mets (standard) to Sulcus add poron cushion to tic Plate Accommodise mark on cast)	to extension Auto Extra Charge Heel 10 14 18 18 18 18 18 19 19 19	HIE BRACE® MODIFICATIONS SS - SEE PRICING SHEET Cup Medial Heel Skive For severe pronation control mm		
(mark on illustration and on cast)	NOTE: NON-STANDARD BRACE MO Top Cover	DIFICATIONS MAY Formula to Mets (standard) to Sulcus to Toes add poron cushion to tic Plate Accommod the mark on cast) that the Medial Formula to the mark of the	HAVE EXTRA CHARGE Heel	HIE BRACE® MODIFICATIONS SS - SEE PRICING SHEET Cup Medial Heel Skive 9 mm For severe pronation control 9 mm		

*Note: Calf Measurement required for Richie Brace Ultra™.