


RICHIE BRACE® PRESCRIPTION FORM

 <p>Root Laboratory, Inc. 16739 Placer Hills Road Meadow Vista, CA 95722 Toll free: (877) 766-8522 Fax: (530) 878-9310 Email: info@root-lab.com</p>	DOCTOR INFORMATION		Lab use only
	Practitioner Name: _____ Date: _____		Inv. #: _____
	Address: _____ Phone: _____ City: _____ State: _____ Zip: _____		Ship date: _____ IBS: _____
		PATIENT INFORMATION	
Patient Name: (last) _____ (first) _____		L ___ R ___ negative	
<input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Height: _____ Weight: _____ Shoe Size: _____		L ___ R ___ shoes	
Shoe Type: _____ Shoes Enclosed: <input type="checkbox"/> Left <input type="checkbox"/> Right		L ___ R ___ other	
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!			
RICHIE BRACE ULTRA™ MODIFICATION			
DIAGNOSIS:	Richie Brace Ultra™ Modification: Check here to modify any brace ordered below for Medicare 2013 Compliance: <input type="checkbox"/> Richie Brace Ultra™ Modification (provide height/weight above) STS Mid-leg casting sock recommended		
RICHIE BRACE® PRESCRIPTION			
<input type="checkbox"/> RICHIE BRACE® (standard): Full Flexion Ankle Hinge Pivot. Can include enhancements for Posterior Tibial Tendon Dysfunction (check any or all): Medial Heel Skive <input type="checkbox"/> 4mm <input type="checkbox"/> 6mm Navicular Accommodation <input type="checkbox"/> (please mark negative cast) Adjust Limb Uprights for Tibial Varum <input type="checkbox"/> Yes <input type="checkbox"/> No (see measurements above) FOR SEVERE PTTD, RECOMMENDED MEDIAL ARCH SUSPENDER (SEE BELOW) SPECIAL MODIFIED VERSIONS OF STANDARD RICHIE BRACE®: <input type="checkbox"/> RICHIE SOCCER BRACE® - Includes shin guard. <input type="checkbox"/> LITTLE RICHIE BRACE® - Pediatric application for shoe size 4 and under.			
<input type="checkbox"/> RICHIE BRACE® RESTRICTED ANKLE PIVOT: Limits ankle motion, yet allows smooth contact phase of gait. <i>Indications: DJD ankle & STJ, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy.</i> ENHANCEMENTS (optional): <input type="checkbox"/> MEDIAL ARCH SUSPENDER – Adjustable lifting strap under talo-navicular joint for severe PTTD <input type="checkbox"/> LATERAL ARCH SUSPENDER – Adjustable lifting strap under calcaneal-cuboid joint for peroneal tendinopathy and severe lateral ankle instability.			
<input type="checkbox"/> RICHIE BRACE® DYNAMIC ASSIST: Full flexion pivot with spring hinges for dorsiflexion assist. <i>Patient requirements: 1. Dropfoot 2. Ankle dorsiflexion to at least 90° to leg 3. Stable knee (must have all 3)</i>			
<input type="checkbox"/> RICHIE BRACE® SOLID AFO: Traditional full leg posterior shell w/balanced functional orthotic footplate. <i>Indications: Dropfoot with unstable knee, dropfoot with spasticity, Charcot Arthropathy.</i> STS Bermuda Casting Sock Required			
<input type="checkbox"/> RICHIE GAUNTLET® <input type="checkbox"/> 7" <input type="checkbox"/> 9" <input type="checkbox"/> RICHIE CALIFORNIA® GAUNTLET AND CALIFORNIA COLOR OPTION - <input type="checkbox"/> TAN <input type="checkbox"/> CHOCOLATE		Both The Richie Gauntlet and The Richie California require the STS mid leg sock	
ALL RICHIE BRACES® HAVE THE FOLLOWING STANDARD FEATURES:			
♦ Top Cover – Implus® ♦ Color – Black ♦ Heel Cup – 35mm	♦ Cover Length - Mets ♦ Orthotic Foot Plate – Intrinsic Balance to Perpendicular	♦ Limb Uprights Supports – Aligned Perpendicular to Foot Plate ♦ Heel Stabilizer Bar - Included	
COLOR OPTION - <input type="checkbox"/> FLESH TONE <input type="checkbox"/> WHITE			
RICHIE BRACE® MODIFICATIONS			
NOTE: NON-STANDARD BRACE MODIFICATIONS MAY HAVE EXTRA CHARGES – SEE PRICING SHEET			
Top Cover <input type="checkbox"/> Implus (standard) <input type="checkbox"/> Spenco <input type="checkbox"/> EVA <input type="checkbox"/> Diabetic (Plastazote/Poron)	Length <input type="checkbox"/> to Mets (standard) <input type="checkbox"/> to Sulcus <input type="checkbox"/> to Toes <input type="checkbox"/> add poron cushion to extension	Heel Cup <input type="checkbox"/> 10 mm <input type="checkbox"/> 14 mm <input type="checkbox"/> 18 mm <input type="checkbox"/> 35 mm (standard)	Medial Heel Skive For severe pronation control <input type="checkbox"/> 2mm <input type="checkbox"/> 4mm <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.	
SPECIAL INSTRUCTIONS:	Accommodation location(s): (mark on illustration and on cast)		
	