



# RICHIE BRACE OTC ORDER FORM

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|--|---------------------|
| <p style="text-align: center;">6299 Guion Road<br/>Indianapolis, IN 46268</p> <p>P. 800-444-3632 F. 800-233-2280<br/> <a href="http://www.alliedosilabs.com">www.alliedosilabs.com</a><br/>         clientservice@aolabs.com</p> | ACCOUNT INFORMATION |
| Name: _____<br>Address: _____<br>City: _____ State: _____ Zip: _____<br>ACCT#: _____   |                     |
| Ph: _____ Fax: _____ Email: _____  |                     |

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| PATIENT INFORMATION OPTIONAL                            |   |
| Patient Name _____                                      | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Age: _____ Height: _____ Weight: _____ Shoe Size: _____ |   |

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| OTC RICHIE BRACE®   |   |
| <input type="checkbox"/> <b>OTC RICHIE BRACE® (Ordering for patient):</b>   |   |
| <input type="checkbox"/> Left<br><input type="checkbox"/> Right<br><input type="checkbox"/> Bilateral   | <input type="checkbox"/> <b>Full Flexion</b><br><input type="checkbox"/> <b>Permanent Fixed</b><br><input type="checkbox"/> <b>Dynamic Assist</b> |
| <b>SIZES FOR OTC RICHIE BRACE®:</b>   |   |
| <input type="checkbox"/> <b>X-Small</b> (Women shoe sizes 4-6) (not available in Dynamic Assist)<br><input type="checkbox"/> <b>Small</b> (Men shoe size 4-7 & Women shoe sizes 7-9)<br><input type="checkbox"/> <b>Medium</b> (Men shoe size 8-10 & Women shoe sizes 10-12)<br><input type="checkbox"/> <b>Large</b> (Men shoe size 11-13 & Women shoe sizes 13-15)<br><input type="checkbox"/> <b>X-Large</b> (Men shoe size 14+ & Women shoe size 16+) |   |

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| <b>OTC RICHIE BRACE® (Ordering for Stock in office)</b><br>Please indicate how many braces ordered before each size below:   |   |   |  |
| <input type="checkbox"/> <b>Left Full Flexion</b><br><input type="checkbox"/> _____ X-small<br><input type="checkbox"/> _____ Small<br><input type="checkbox"/> _____ Medium<br><input type="checkbox"/> _____ Large<br><input type="checkbox"/> _____ X-Large | <input type="checkbox"/> <b>Left Permanent Fixed</b><br><input type="checkbox"/> _____ X-small<br><input type="checkbox"/> _____ Small<br><input type="checkbox"/> _____ Medium<br><input type="checkbox"/> _____ Large<br><input type="checkbox"/> _____ X-Large | <input type="checkbox"/> <b>Right Full Flexion</b><br><input type="checkbox"/> _____ X-small<br><input type="checkbox"/> _____ Small<br><input type="checkbox"/> _____ Medium<br><input type="checkbox"/> _____ Large<br><input type="checkbox"/> _____ X-Large | <input type="checkbox"/> <b>Right Permanent Fixed</b><br><input type="checkbox"/> _____ X-small<br><input type="checkbox"/> _____ Small<br><input type="checkbox"/> _____ Medium<br><input type="checkbox"/> _____ Large<br><input type="checkbox"/> _____ X-Large |

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| <b>Richie Brace OTC:</b><br>Semi-rigid leg uprights with a prefabricated orthotic footplate and flex or fixed hinges for: <ul style="list-style-type: none"> <li>Acute Grade II and III Ankle Sprain</li> <li>Syndesmosis Sprain (High Ankle Sprain)</li> <li>Midfoot Sprain</li> <li>Peroneal, Extensor &amp; Posterior Tibial Tendonitis</li> <li>Preliminary treatment before custom AFO</li> </ul> | <b>Richie OTC Dynamic Assist:</b><br>Semi-rigid leg uprights with a prefabricated orthotic footplate and dorsiflexion assist flex hinges for: <ul style="list-style-type: none"> <li>Flaccid Dropfoot Deformity</li> <li>Post Traumatic Weakness of Ankle Dorsiflexion</li> <li>Peripheral Neuropathy with Varus Instability</li> <li>Tibialis Anterior Tendinopathy</li> <li>Peroneal Tendinopathy</li> <li>Preliminary treatment before custom AFO</li> </ul> | <b>Richie Brace OTC:</b><br>Full flexion/Perm Fixed<br>Suggested code: <ul style="list-style-type: none"> <li>Prefabricated AFO -L 1906</li> </ul> <b>Richie OTC Dynamic Assist:</b><br>Suggested codes: <ul style="list-style-type: none"> <li>Prefabricated AFO- L 1971</li> <li>Hinges - L2210 X 2</li> <li>Soft Interface - L2820</li> </ul> <b>Add KX behind all L codes</b> |
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