



Richie Brace® OTC Order Form

ACCOUNT NUMBER _____
 ACCOUNT NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____
 EMAIL (required) _____

PATIENT INFORMATION (optional):

PATIENT NAME _____ MALE FEMALE
 AGE _____ HEIGHT _____ WEIGHT _____ SHOE SIZE _____

RICHIE BRACE® SELECTION (for patient)

- Left
- Right
- Bilateral

BRACE SPECIFICATIONS

- Full Flexion:
- Permanent Fixed:
- Dynamic Assist:

SIZES

- XS: (W shoe size: 4-6) *NA in Dynamic Assist
- S: (M shoe size: 4-7) (W shoe size: 7-9)
- M: (M shoe size: 8-10) (W shoe size: 10-12)
- L: (M shoe size: 11-13) (W shoe size: 13-15)
- XL: (M shoe size: 14+) (W shoe size: 16+)

Ordering for stock in office: please indicate quantities needed for each brace size below.

L: Full Flexion	R: Full Flexion	L: Permanent Fixed	R: Permanent Fixed	L: Dynamic Assist	R: Dynamic Assist
XS _____	XS _____	XS _____	XS _____	XS _____	XS _____
S _____	S _____	S _____	S _____	S _____	S _____
M _____	M _____	M _____	M _____	M _____	M _____
L _____	L _____	L _____	L _____	L _____	L _____
XL _____	XL _____	XL _____	XL _____	XL _____	XL _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal	Subtotal	Subtotal	Subtotal	Subtotal	Subtotal

NOTE: Prices subject to change.

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\$ _____
SUBTOTAL
Actual shipping cost will apply