



PRESCRIPTION ORDER FORM:

*Richie* AeroSpring Brace Systems

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Carbon Fiber AFO for:  Left  Right

Account Name: \_\_\_\_\_ Number: \_\_\_\_\_

Account Address: \_\_\_\_\_

SELECT THE BRACE SYSTEM:

- AeroSpring Achilles Offloading System  
Carbon Fiber AFO, one pair custom foot orthosis, one pair of 20mm graduated heel wedges in 10mm increments
- AeroSpring Plantar Fascia Offloading System  
Carbon Fiber AFO, one pair custom foot orthosis, one pair of 10mm graduated heel wedges.
- AeroSpring Midfoot Offloading System  
Carbon Fiber AFO, one pair custom foot orthosis, one pair of 10mm graduated heel wedges.
- AeroSpring Dropfoot Stability System  
Carbon Fiber AFO, one pair custom foot orthosis, No heel wedges are recommended for this system

Special Notes: