


RICHIE BRACE PRESCRIPTION FORM – 2023

 <p style="font-size: small;">246 Columbus Avenue Roselle, NJ 07203 1.888.523.1600 1.908.259.9105 (Fax) contact@comfortfitlabs.com</p> <p style="font-size: x-small; text-align: center;">www.comfortfitlabs.com</p>	DOCTOR & PATIENT INFORMATION
	Doctors Name: _____ Address: _____ State: _____ Zip: _____ City: _____ Account #: _____ Patient Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age: ____ Height: _____ Weight: _____ Shoe Size: _____ Shoe Type: _____ Shoes Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No Cast Enclosed for: <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> B/L PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON THE NEGATIVE CAST

CLINICAL INFORMATION	
DIAGNOSIS:	Stance Evaluation Calcaneus alignment to leg: _____° inverted or _____° everted Leg alignment to floor: _____° varum or _____° valgum

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. Indications: DJD ankle & STJ, tarsal coalition, mild Charcot, lateral ankle instability, peroneal tendinopathy.
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. Patient requirements: 1. Dropfoot 2. Ankle dorsiflexion to at least 90° to leg 3. Stable knee (must have all 3)
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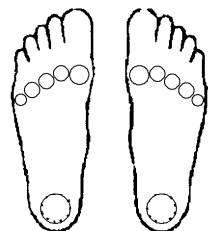
<input type="checkbox"/> RICHIE BRACE® SOLID AFO: Traditional full leg posterior shell w/balanced functional orthotic footplate. Indications: Dropfoot with unstable knee, dropfoot with spasticity, Charcot Arthropathy. STS Bermuda Casting Sock Required

<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
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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)	
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