



PRESCRIPTION ORDER FORM:

Richie AeroSpring Brace Systems

Date: _____

Account #: _____

Patient Name: _____

Age: _____ Height: _____ Weight: _____ Sex: _____ Shoe Size: _____

Carbon Fiber AFO for: Left Right * All patient information is required *

SELECT THE BRACE SYSTEM:

- AeroSpring Achilles Offloading System
Carbon Fiber AFO, one pair custom foot orthosis, one pair of 20mm graduated heel wedges-5mm increments
- AeroSpring Plantar Fascia Offloading System
Carbon Fiber AFO, one pair custom foot orthosis, one pair of 10mm graduated heel wedges-5mm increments
- AeroSpring Midfoot Offloading System
Carbon Fiber AFO, one pair custom foot orthosis, one pair of 10mm graduated heel wedges-5mm increments
- AeroSpring Dropfoot Stability System
Carbon Fiber AFO, one pair custom foot orthosis, No heel wedges are recommended for this system

Special Notes: