



**QUEENSLAND ORTHOTIC LAB**  
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# PRESCRIPTION ORDER FORM:

*Richie* AeroSpring Brace Systems

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

Practice Name: \_\_\_\_\_

Podiatrist: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

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

Carbon Fibre AFO for:  Left  Right

## SELECT THE BRACE SYSTEM:

AeroSpring Achilles Offloading System  
Carbon Fibre AFO, one pair custom foot orthosis, one pair of 20mm graduated heel wedges in 10mm increments.

AeroSpring Plantar Fascia Offloading System  
Carbon Fibre AFO, one pair custom foot orthosis, one pair of 10mm graduated heel wedges.

AeroSpring Midfoot Offloading System  
Carbon Fibre AFO, one pair custom foot orthosis, one pair of 10mm graduated heel wedges.

AeroSpring Dropfoot Stability System  
Carbon Fibre AFO, one pair custom foot orthosis. No heel wedges are recommended for this system.

Special Notes: