

QUEENSLAND ORTHOTIC LAB

A.B.N 69 154 254 850

PRESCRIPTION ORDER FORM

Richie AeroSpring Brace Systems

| Date: | | | |
|----------------------------------|---|--------|-----------|
| Pract | ice Name: | | |
| Podia | atrist: | | |
| Addr | ess: | State: | Postcode: |
| Patie | nt Name: | | |
| | Height: | | |
| 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. | | |
| Spec | ial Notes: | | |
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