

Account Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Gender: \_\_\_\_\_  
\_\_\_\_\_ Diagnosis: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Casted By: \_\_\_\_\_ Date: \_\_\_\_\_



- *RYBO Tweener*
- *Fits in most shoes!*
- *Handmade in the U.S.A.*

**Type:**  Left  Right  Bilateral

**Color:**  Black  Light Beige  Tan

**Closure:**  Lace Only  Velcro Only

**Ankle Corrections:**

Correct Anterior/Posterior to 90°  As Casted

Correct Medial/Lateral to 90°  As Casted

**Forefoot Corrections:**  Correct to 90°  As Casted

**Poly footplate length is cut Proximal to Met Heads.**

**Special Cast/Brace Modification Instructions:**

\_\_\_\_\_

**Casting Material (STS Mid-Leg Casting Sock. Additional charge of \$13.00 each. Please specify size and quantity):**

None  \_\_\_\_\_ Small  \_\_\_\_\_ Medium  \_\_\_\_\_ Large  \_\_\_\_\_ X-Large

**Casting Reminders:**

- Cast should be taken with the ankle at 90° and the foot in subtalar neutral.
- Patient name and Doctor/practice name must be written on the cast.
- Marks should be made on the cast on any areas that need special attention and noted on this order form on how you would like them to be accommodated.

**Additional Charges:**

Corrections or changes to the brace after fabrication may incur additional charges. To avoid these charges please review your cast and order form for accuracy before shipping.

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