

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



- *RYBO Standard AFO*
- *Completely Customizable*
- *Premium Leather Lining*
- *Handmade in the U.S.A.*

Type: Right Left Bilateral

Color:

- Black White Chocolate Brown Light Beige
 Tan Pink Dark Beige (Taupe) Powder Blue

Closure: Lace Only Velcro Only Combination (Lace With Velcro Strap)

Brace Height: 6" Rolled Collar 7" 9" As Marked On Cast

Reinforcement: Flexible (2mm) Semi-Rigid (3mm) Firm (4mm)

Heel:

- Standard (Solid Plastic Heel) No Reinforcement (Leather Cover Heel, No Plastic)

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:

- Proximal to Met Heads Sulcus Full Foot

Leather Footplate Length:

- Proximal to Met Heads Sulcus Full Foot

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° neutral and the foot in subtalar neutral.
- Patient name and Doctor 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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