

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

Type: Right Left Bilateral
Color: Black Charcoal Tan Pearl Silver Navy

Ankle Corrections:

Correct Anterior/Posterior to 90° As Casted
 Correct Medial/Lateral to 90° As Casted

Forefoot Corrections:

Correct to 90° As Casted

Footplate Length:

Proximal to Met Heads Sulcus Full Foot

Heel:

Standard (Solid Heel) Small Cutout

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



- Featherweight
- Moisture Wicking Dri-Lex Material
- Better Fit in Shoes
- 100% U.S. Made Materials
- Handmade In The U.S.A.

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.

If order form is not completed, order will be made to these standard specifications:

- Color – Black
- Ankle Corrections – Correct Both to 90°
- Forefoot Corrections – Correct to 90°
- Footplate Length – Proximal to Met Heads
- Heel – Standard
- Casting Material – None

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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