

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 Tan
Closure: Lace Velcro Straps
Reinforcement: Semi-Rigid (3mm) Firm (4mm)
Ankle Joint: Standard Dorsi-Assist
Ankle Corrections: Correct to 90° As Casted
Forefoot Corrections: Correct to 90° As Casted
Poly Footplate Length:
 Proximal to Met Heads Sulcus Full Foot
Padding Footplate Length:
 Proximal to Met Heads Sulcus Full Foot
Padding Thickness:
 1/8" Swirl EVA 1/16" Swirl EVA 1/8" Plastazote
Special Options:
 Use Extrinsic Rear Foot Post (Additional Charges Apply)
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.
- Cast must be at least 13" tall from base of heel.
- 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 • Reinforcement – Semi-Rigid • Ankle Joint – Standard • Ankle Corrections – Correct to 90°
- Forefoot Corrections – Correct to 90° • Poly Footplate Length – Proximal to Met Heads
- Padding Footplate Length – Proximal to Met Heads • Padding Thickness – 1/8" Swirl EVA

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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