

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



- RYBO Slimline AFO
- Streamlined Design
- Fits in Work Boots!

**Type:** ☐ Right ☐ Left ☐ Bilateral  
**Color:** ☐ Black ☐ Light Beige ☐ Tan  
**Closure:** ☐ Lace Only ☐ Velcro Only ☐ Combination (Laces with Velcro Strap)  
**Brace Height:** 9" Height 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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