

SOUTH WEST ORTHOPEDIC DESIGNS

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INNOVATIONS
IN
DESIGN
AND
FABRICATION

**PLEASE
FILL OUT
COMPLETELY**

DATE: _____ PATIENT: _____ P.O.#: _____ DATE REC'D: _____

CASTED BY: _____ PHONE: _____ FAX: _____

BILL TO: _____ SHIP TO: _____

Return Ship: { Ground---**FREE** shipping } { (Overnight 2 Day 3 Day)—charges apply }

Standard Turnaround: 5-7 DAY (no charge) **Rush Order:** 4-5 DAY TURNAROUND (\$50)

CASTING: For accuracy, cast to at least 2" above height of brace and complete forefoot (www.pttd.com/casting.html)
SEE REVERSE SIDE FOR INFORMATION ON CASTING

PATIENT INFORMATION Height: _____ Weight: _____ Shoe Size: _____

ANKLE: Right Left Bi-Lateral

CONDITION: Posterior Tibialis Tendon Dysfunction (PTTD) Degenerative Joint Disease (DJD)

Charcot Foot/CMT Trauma: _____

Other (Please describe): _____

ADDITIONAL NOTES: _____

IS THE FOOT AND ANKLE:

Fused/Rigid—leave as casted Flexible/Rigid—correct cast to neutral (90% degrees on a 3/8" footboard)

-OR- Correct cast to _____ degrees on a _____" Footboard Height

FOREFOOT: Leave as Casted Correct to Neutral Fixed in Valgus Fixed in Varus Post forefoot

BRACE STYLE

South West "Standard" Ankle Brace
(Up to 9" Height) Height: _____

South West "Extended" Ankle Brace
(10" to 12" Height) Height: _____

South West "Circumferential"
Weight-bearing Brace (Height 1" above
apex of calf) *Please mark brace height on cast*

South West "AFO-Style" Brace
(1" below the fibular head)
Please mark fibular head on cast

OPTIONS

Beige Black

Colors: Brown (suede/hide only) Green (birdeye only)

Material Lining: Birdeye Knit S.W.O.D. Suede

P-CELL Lined

Material Exterior: Birdeye Knit S.W.O.D. Suede

_____ S.W.O.D. Hide (*NEW!! -finished leather look*)

FF Length: 3/4 standard length Sulcus length (past met. heads)

Extended Footplate (Include foot or inlay outline)

Articulating: Limited-Motion Joints Dorsi-Assist Joints

Closures: Laces Speed Hooks Velcro Velcro/Lace

*The final responsibility for correct coding, within established laws, rules, standards, and practices, are the sole responsibility of the facility and the practitioners submitting the claim. (Suggested possible L-Codes: L-1940, 1960, 2275, 2755, 2820, 2330 are dependent upon style, order, region and coverage) Revised 3/1/10