

SOUTH WEST ORTHOPEDIC DESIGNS

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SWOD
INNOVATIONS
IN DESIGN
AND
FABRICATION
SINCE 2002

**PLEASE
FILL OUT
COMPLETELY**

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

CASTED BY: _____ PHONE: _____ EMAIL: _____

BILL TO: _____ SHIP TO: _____

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

Standard Turnaround*: 5-8 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: _____ Age: _____ Shoe Size: _____

ANKLE: Right Left Bi-Lateral **ACTIVITY LEVEL:** _____ 1-10 (10 = very active)

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

Charcot Foot or CMT Trauma: _____

Other (Please describe): _____

ADDITIONAL NOTES: _____

ANKLE CORRECTIONS:

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 Heel lift

FOREFOOT: Leave as Casted Correct to Neutral Fixed | Post Heel (M/L) Post Forefoot (M/L)

BRACE STYLE

FLEXIBLE SEMI-RIGID* RIGID

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

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

South West "Circumferential" (13"+)
Weight-bearing Brace (Height 1" above
apex of calf) *Please mark brace height on cast*

South West "AFO-Style" Brace (14"+)
(1" below the fibular head)

Please mark fibular head on cast

Heel Cutout: posterior only *or* post./plantar*
(Circle one)

OPTIONS

Beige Black Brown

Colors: Green (Hide only) White (Hide only)

Material Lining: S.W.O.D. Suede* P-CELL Lined

Material Exterior: S.W.O.D. Suede S.W.O.D. Hide*
(finished leather microfiber)

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

Extended Footplate (Rigid or Flex) (Include inlay or foot outline)

Articulating: Limited/Free-Motion Joints Dorsi-Assist Joints

Closures: Laces Speed Hooks Velcro Velcro/Lace*
*denotes standard/default setup

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-1940,1960,1970,2755,2820,2330,2210,2200 are dependent upon style, order, region and coverage. Rev. 02/16)