

COD Swivel Walker Base

Center for
Orthotics Design
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Date _____ PO# _____ Patient Name _____
 Male/Female _____ Age _____ Weight _____ lbs. Height _____ ft. _____ in. _____
 Diagnosis _____ Level _____
 Orthotist _____ Phone _____ Fax _____
 Ship/Bill to Address _____
 City _____ State _____ Zip _____

Color Choices

A. Color of Kydex (*check one)

- White Tan Grey Red Blue

B. Color of Chest Strap (*check one)

- White Tan Black Rainbow

C. Color of Soft Liner for Padded Form Panel (if requested)

- White Pink

D. Color of Base (*check one)

- White Tan Grey Red Blue

Options (Make your selection)

ES= Abdominal Strap

Extra Strap to help control lordosis

PFP= Padded Front Panel

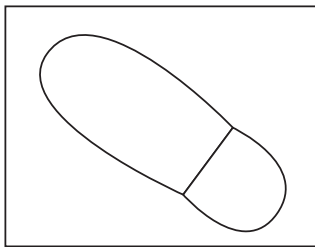
Slides over the strap for added comfort

Shipping Extra

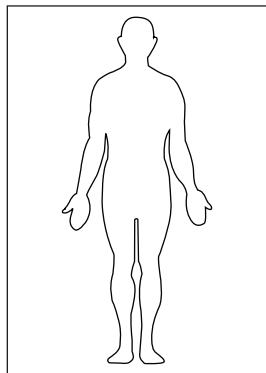
- Standard Ground 3-Day
 2-Day Next Day Air

Extra's

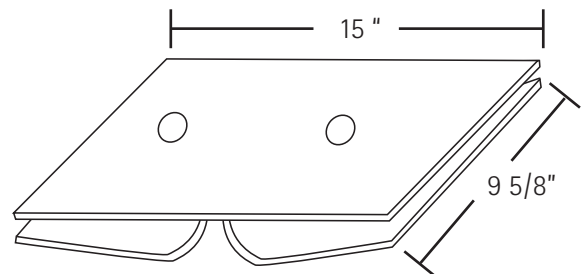
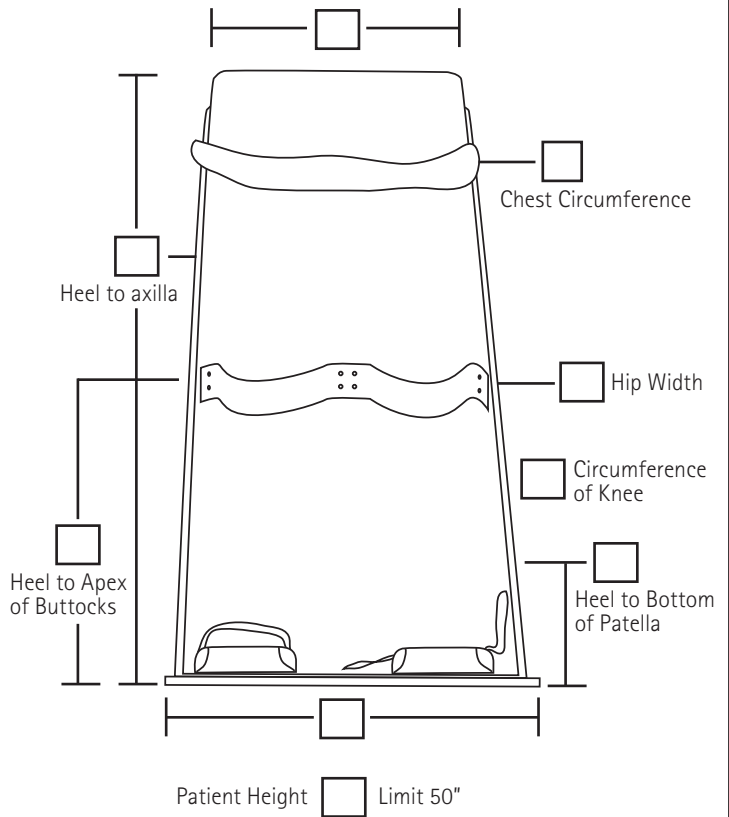
Rush 4-5 working days (extra charge)



Include a traced outline of the patients shoes and full body tracing on a separate sheet.



Measurements



Swivel Walker Base Standard Size

NOTE: If another size is desired please specify measurement required.