

SIAFO MEASUREMENTS & DESIGN

WORK ORDER #: (LAB USE ONLY)

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PCC #:	CLINICIAN:
BILL TO:	PREFERRED CONTACT METHOD:
ADDRESS:	PATIENT ID/NAME:
ADDRESS.	HEIGHT: WEIGHT: AGE:
	DIAGNOSIS:
SHIP TO: SAME AS BILLING	AFFECTED SIDE (Check One): ☐ LEFT ☐ RIGHT or ☐ BILATERAL: SYMMETRICAL ☐ YES ☐ NO
ABBIRESS.	NG ENCOUNTER #:
SHIPPING: ☐ GROUND (FXGD) ☐ STANDARD 2 DAY (FX2D)	MEASUREMENT DATE:
OVERNIGHT: PRIORITY (FX1D) 1st OVERNIGHT (FX1A)	IN-OFFICE REQUEST DATE & TIME:
OTHER:	PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)
HFN: □	ORLANDO
If a Discrepancy Exists, Go By ☐ Impression ☐ Me	asurements Units of Measure Millimeters Inches
MEASURMENTS (REQUIRED)	DESIGN
REQUIREMENTS: Cast patient in 3° dorsiflexion and semi-weight bearing (flat plantar surface). All bony prominences must be marked with indelible pencil: Malleoli, Met Heads, Base of Fifth and Dorsum of foot.	SIAFO DESIGNS ☐ One (F1921, Intergrated Si Straps) ☐ Walk (F1920, Velcro Straps) Modifications
Met. Heads	☐ Standard ☐ Additional Build Ups/Reductions (detail in notes section) Heel Height: ☐ None ☐ Other
	Corrected Ankle Position ☐ Neutral ☐ As Is Other: ☐ DF° ☐ PF°
Ankle Width Finished Orthosis Height Floor	Final Corrected Forefoot Position Right: Neutral As Is Other Left: Neutral As Is Other Final Corrected Hindfoot Position Right: Neutral As Is Other Left: Neutral As Is Other TRIMLINES Midfoot Standard Mid Min Dorsal Wrap Forefoot
Distal Tip Medial Malleolus Height Heel to Dorsum	□ Standard □ Ext. Lat □ Ext Med □ Other Footplate □ Met □ Sulcus □ Full FINISHING
Floor	☐ Finished ☐ Unfinished (send straps unattached)
Proximal Malleoli Proximal	Calf Strap ☐ Leave Detached ☐ Chafe Medial ☐ Chafe Lateral ☐ 1" ☐ 1 1/2" ☐ 2"
Cir.	Ankle Strap ☐ Leave Detached ☐ Chafe Med ☐ Chafe Lat ☐ Instep ☐ Fig 8 ☐ 1" ☐ 1 1/2" Strap Material ☐ Valore Only
Malleoli	Strap Material ☐ Velcro Only ☐ Leather Back (F0046) ☐ Dacron Back (F0046) ☐ Other
Met. Heads	Strap Color Black White Pink Red Beige Green Purple Blue