

SAFO Purchase
Order Form

Radspieler Zentrum für Mobilität
Georg-Wiesböck-Ring 5a
83115 Neubeuern
Tel: 08035 / 96 78 78 0
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Patients Name:.....
Orthotist:.....
Date:.....
Purchase Order No:.....

Diagnosis:.....
Dob:.....
Weight:.....

Company:.....
Address:.....
.....
Tel No:
Fax No:
e-mail:

Name:.....
Date:.....

Signature:.....

Please circle as appropriate:

SAFO WALK	B4 B5 B7		
SAFO ONE	B1	B2	B3 B4 B5 B6 B7
HEIGHT	24	22	Other
LEFT SAFO	RIGHT SAFO		BI-LATERAL

Note any special requirements:

FOR ROMEDIS USE ONLY!

DOC NO:	COUNTRY:
WEEK NO:	CAST:
APPOINTMENT:	DELIVERY DATE:

COURIER/POSTAL INSTRUCTIONS:

POSTAL: YES / NO
POSTAL CHARGE: YES / NO

MANUFACTURING NOTES/DIAGRAMS

ORTHOTIC DELIVERY

Signature:

Date:

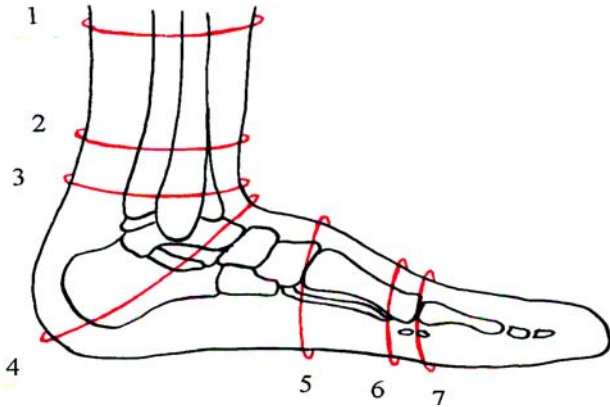
All casts must be received in good condition.

Negative casts should be taken with the patient seated with the foot in 5 degrees dorsiflexion where possible, and on a flat surface.

The minimum height of negative casts from heel to proximal edge is 28 cm, in the foot the cast should extend 2 cm forward of the 1st and 5th Metatarsal joints.

All bony prominences should be marked with indelible pencil on the cast, including malleoli, met heads and dorsum of foot.

SAFO Measurements:



- 1 Top circumference
- 2 Above Malleoli
(16 cm up from heel)
- 3 Malleoli
- 4 Short Heel
- 5 Instep
- 6 Behind Met Heads
- 7 Met Heads

PLEASE NOTE:
Red boxes below are for Romedis
use only.

Standard height for a SAFO is 24 cm for males and 22 cm for females, please state the height of circumference measure number 1 if this is any different.

	1	2	3	4	5	6	7
Left Circumference (cm)							
Right Circumference (cm)							

FOR ROMEDIS USE ONLY!

CAST RECTIFICATION NOTES:

NAME:

DATE:

ORTHOTIC INSPECTION

Technician	Inspector
Name:	Name:
Date:	Date:

ORTHOTIC INSPECTION

Technician	Inspector
Name:	Name:
Date:	Date: