



# SPIO®

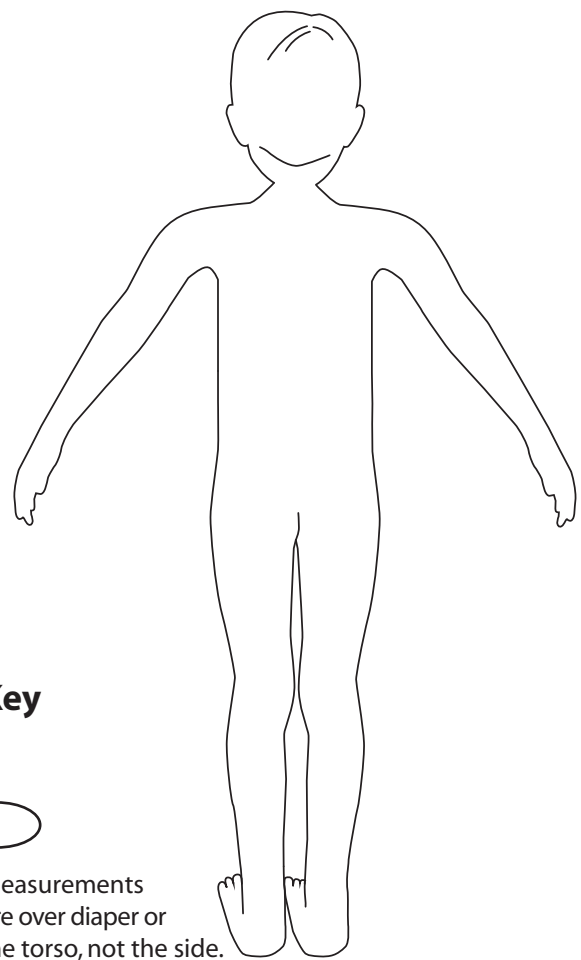
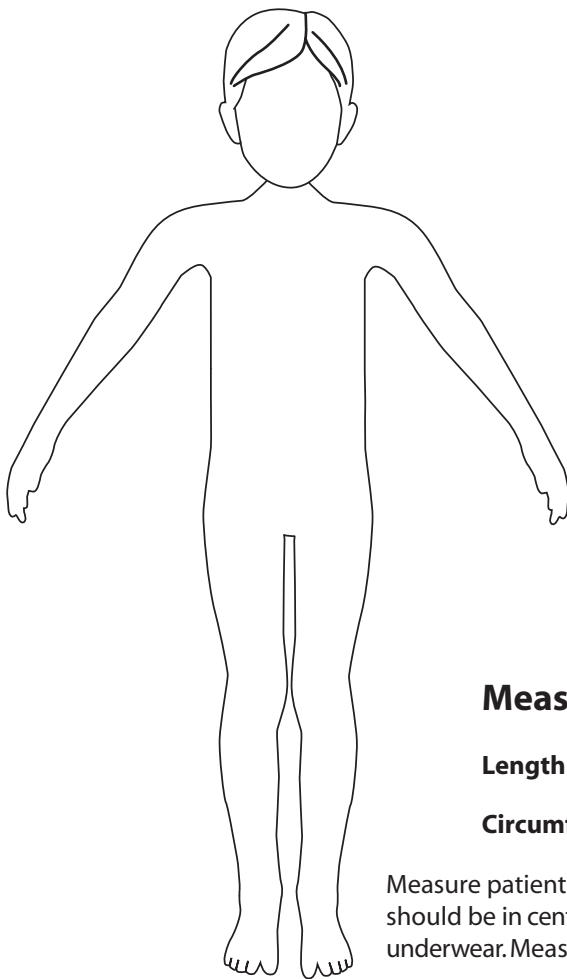
## Alterations Form

Date \_\_\_\_\_


Name (Patient) \_\_\_\_\_ Age \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_



### Measurement Key

Length = 

Circumference = 

Measure patient laying down. Measurements should be in centimeters. Measure over diaper or underwear. Measure on top of the torso, not the side.

### Options

**Color**  BLACK  ROYAL BLUE  WHITE

Please document what changes need to be altered on your SPIO®. Include measurements and descriptions.

Please include a copy of the SPIO Order Form along with your custom measurement form.