



# SPIO®

## Cap Custom Measurement Form

Date \_\_\_\_\_

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

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

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

### Measurement Key

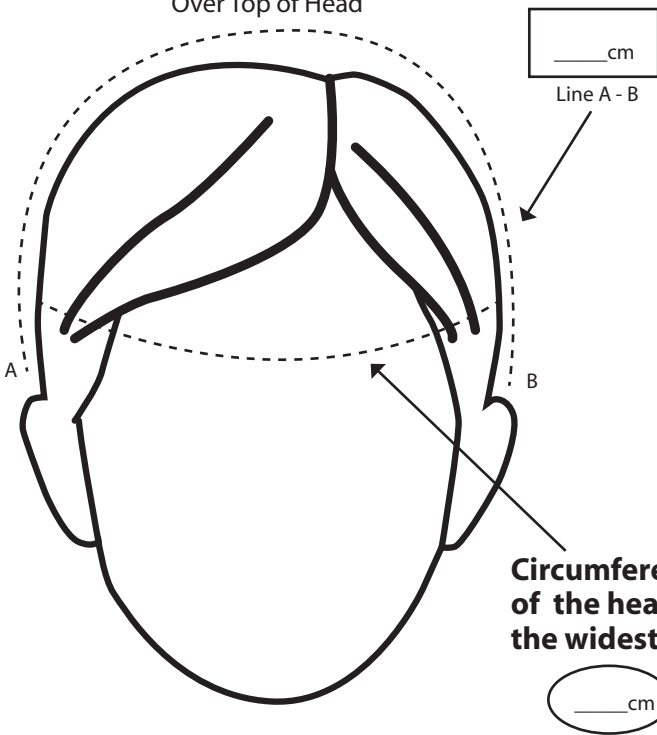
Length =

Circumference =

Measurements should be in centimeters.

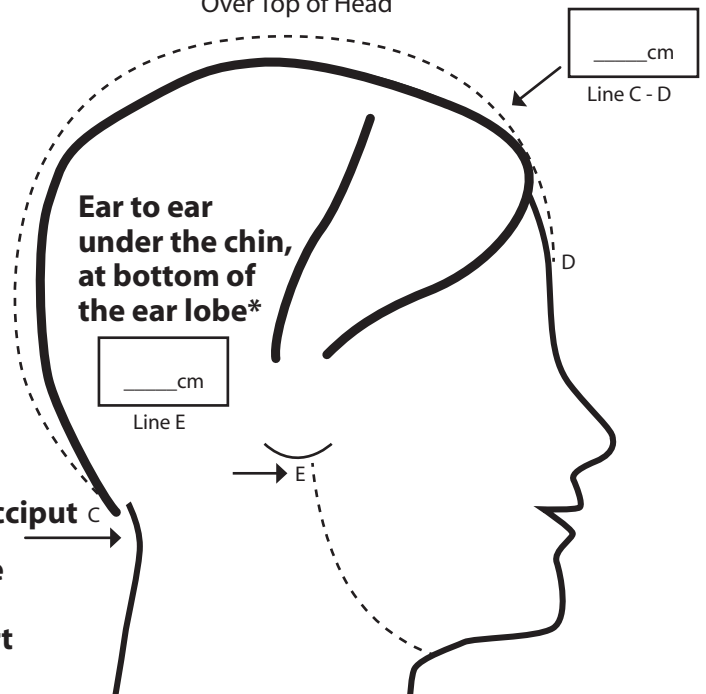
#### Ear to Ear

Over Top of Head



#### Front of Head to Occiput

Over Top of Head



\* **Options:** Please fill out this additional measurement if you want a chin strap on your SPIO Cap.

#### Options

#### Additional Comments

**Color**  BLACK  ROYAL BLUE  WHITE

**Chin Strap**  YES  NO

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