



SPIO®

Cap Custom Measurement Form

Date _____

Name (Patient) _____ Age _____

Contact Name _____

Contact Phone _____ Contact Email _____

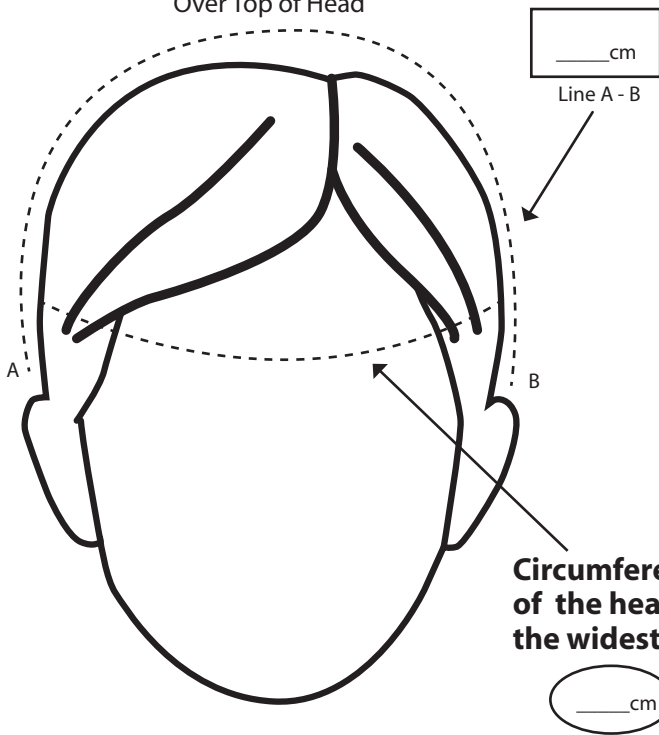
Measurement Key

Length =

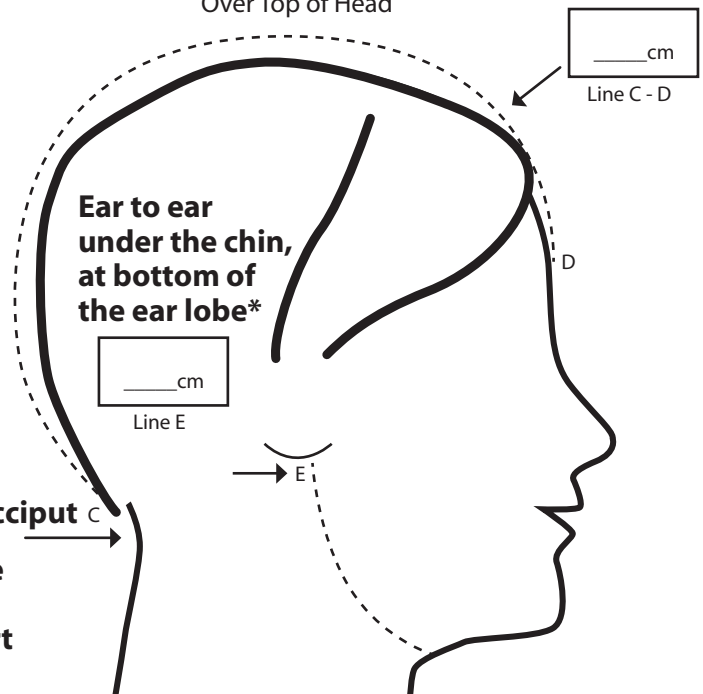
Circumference =

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.