



# SPIO<sup>®</sup>

## Lumbar-Sacral Orthosis Custom Measurement Form

Date \_\_\_\_\_

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

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

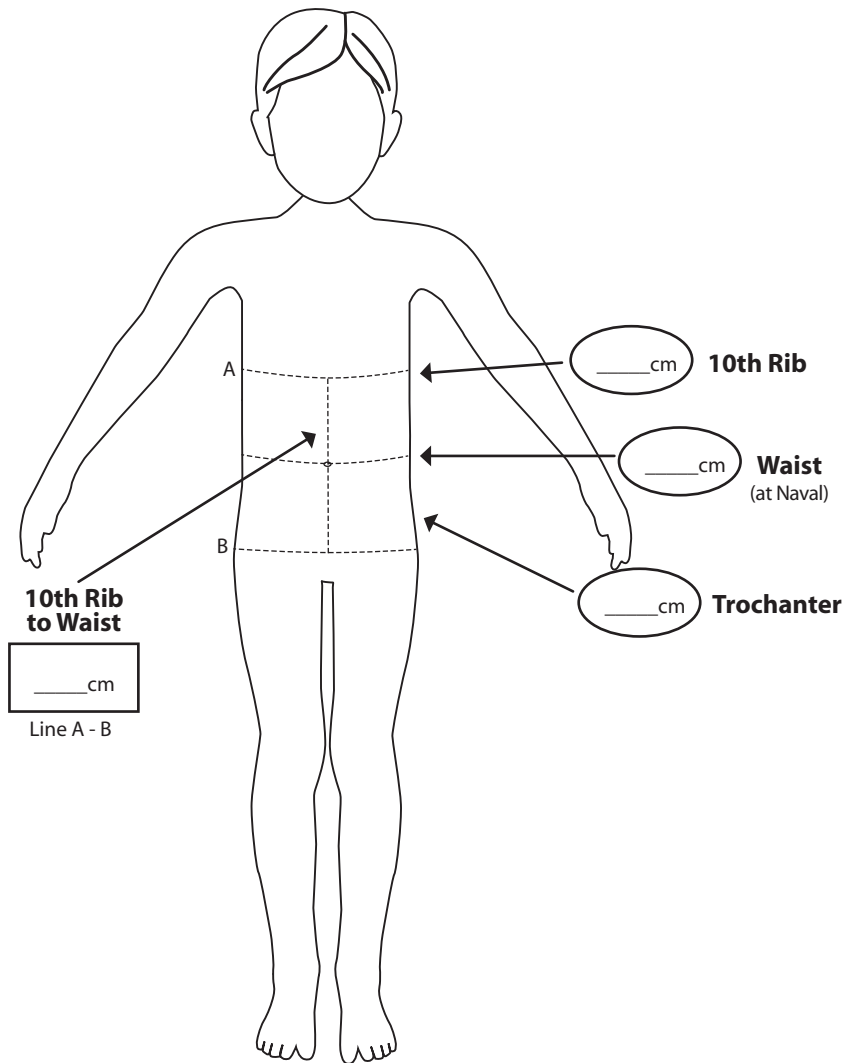
Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

### Measurement Key

Length =

Circumference =

Measure patient laying down.  
Measurements should be in centimeters. Measure over diaper or underwear. All boxes must be filled in.



### Options

### Additional Comments

**Color**  BLACK  ROYAL BLUE  WHITE

**Layers**  DOUBLE  TRIPLE

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